



Estates Strategy

2018 – 2023

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Author:	Assistant Director of Estates, Fleet & FM	Version:	1.1
Date of Approval:	25 November 2020	Status:	Final
Date of Issue:	November 2020	Date of Review	October 2021

Recommended by	Executive Leadership Committee
Approved by	Board of Directors
Approval date	November 2020
Version number	1.2
Review date	October 2021
Responsible Director	Director of Finance
Responsible Manager (Sponsor)	Assistant Director of Estates, Fleet & FM
For use by	All Trust employees

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Date of Issue:	November 2020	Date of Review	October 2021

Change record form

Version	Date of change	Date of release	Changed by	Reason for change
0.1	04/07/18		Neil Maher	Development of up to date document to cover the years 2018-2023
0.2	31/08/18		Neil Maher	Revised following review and support from EMT 15/08/18
1.0	08/10/18	08/10/18	Neil Maher	Received Trust Board approval 26/09/18
1.1	19/10/20		Neil Maher	Revision and review; inclusive review of Covid experiences Mar-Aug 2020 and lessons learnt.
1.2	26/11/20	26/11/20	Carolyn wood	Board Approval received 25/11/20

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1. Introduction

The Estates Strategy must be closely aligned to the Trust objectives and strategies as they develop. The Trust faces a number of challenging strategic and operational issues over the short, medium and longer term, all of which must be clearly understood in the current and future economic climate.

The Estates Strategy is principally concerned with the Trust's usage of its estate and the capital investment up to 2023 to ensure that the Trust can achieve its service objectives. As a part of the Greater Manchester Combined Authority Memorandum of Understanding between Greater Manchester bodies (Estates), the Trust's Estates Strategy links into and contributes to the Authority's Strategic Estates Group's Strategic Estates Plans. Other STPs are now establishing similar groups, and the Trust needs to link in with these as their and the Trusts plans develop. The Northern Ambulance Alliance (Nwas, Neas and Yas) has been established to work collaboratively on efficiencies and quality across the three organisations and has a specific estates and workshop work stream which includes estates operations and environmental and sustainability initiatives. The strategy covers all the Trust's estate.

The Estates Strategy 2013-18 has been very successful in reducing the overall estate and footprints, increasing the efficiency of the estate, and delivering an overall younger estate. Since its inception, R1 and R2 have been replaced by the Ambulance Response Programme (ARP). Although there was a central thrust to move to Hub and Spoke the Trust has to date largely moved forward using opportunity as the main driver. There is a need to set out a long-term plan in terms of the operational estate, moving away from opportunistic driven developments of the past.

There is a need to set out a long-term plan in terms of the operational estate:

- where the estate needs to be
- what it will look like
- what facilities will be there
- only then can opportunities be fully explored

NHS Improvement (Carter Report) focus is moving from acute to ambulance trusts. For the number of sites the Trust is in the ball park with some of its peers. However, they have a significantly smaller footprint! This is because they have a few larger main sites (hubs) and higher numbers of much smaller unmanned sites (spokes).

We all want improved modern facilities for our people to support them being at their absolute best where hubs positively support providing excellent patient care. We all want the best value for money, the NHS demands it. We all want maximum efficiency, ensuring our people are deployed doing the job they were employed to do. We all want to enhance our quality support and supervision to ensure our people are at the top of their game. There is now an opportunity to challenge the direction of travel for the estate and adjust for next 5 years

The benefits of the hub and spoke model are improved quality and performance. In addition, there are potential savings by reducing the estate, centralising medicines management, reducing pool vehicles, reducing backlog maintenance and reducing stock via better stock control.

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Therefore, the aims of the strategy are to:

- Set the direction and priorities of the estate to have fewer but larger operational sites, hence having a planned strategic development rather than an opportunity driven one
- Identify the benefits and challenges in delivering the above
- Set the factors when prioritising and locating hubs and spokes
- Identify and learn from the key lessons learnt from other Trusts when delivering the hub and spoke model.
- Refresh our understanding of the whole of the Trust's estate, the needs and future requirements. The strategic developments for EOC's, workshops, PTS, 111 and training need to be fully supported to provide an estate that compliments and facilitates these services.

The government initiated a lockdown in response to Covid-19 in March 2020. During the period of March to July 2020, the Trusts estate experienced various pressures and underwent a number of changes in response to the threat posed by the virus. A workshop was undertaken on the 18 August 2020 to explore those experiences, to see what lessons could be learnt and how to apply them for the future. Therefore, although the strategy was not scheduled for review until October 2021, the opportunity has been taken to the review in 2020 in light of recent the Covid-19 experience.

2. Background

2.1 Trust Overview

For operational estate purposes, the area covered by the North West Ambulance Service NHS Trust (NWAS) is divided into 3 groups, namely; Cumbria & Lancashire, Cheshire & Merseyside, and Greater Manchester. The tables below summarises some key Trust data.

The Trust:	
Geographical Area	15,165 km ²
Employees (Whole Time Equivalent)	6236.10 WTE

Table 1 – Trust data (at September 2020)

Today the Trust is comprised of 130 sites, with the most recent addition of Burnley.

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Type	Number and Details
Stations (inc. HART & PTS)	110 stations - including 2 HART sites, 8 PTS standalone, 21 shared sites
Control / Operations Centres	3 Emergency Operations Centres (Broughton, Estuary Point, Parkway) 111 Call Centres (Parkway, Middlebrook, Estuary Point & Carlisle) 1 Support Centre (Carlisle) PTS Control Centres (Broughton, Carlisle, Chester & Oldham)
Workshops	8
Training / admin buildings	Headquarters (Ladybridge Hall), Cumbria Office (Salkeld Hall), Cheshire & Merseyside office (Estuary Point), Greater Manchester Office (Whitefield), Lancashire Office (Broughton), The Centre (Preston), Accrington Training Centre, Bolton South Training Centre, Transport Logistics (Preston), Medicines Management Hub (Preston)
Mast Sites	6 (Anfield, Billinge, Blackpool, Broughton, Carlisle, Countess of Chester)
Bunkered Fuel sites	14

Table 2 – Summary of the NWS Estate (at September 2020)

2.2 Age Profile and Size of the Estate

The current NWS estate is a mix of buildings that have evolved over the last 150 years. However, the Trust's profile has changed since its inception in 2006 and is summarised in the table below.

	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2019/20
Number of sites	125	125	125	125	123	119	127	126	126	125	131	130
Floor Space (m2)	63,380	63,390	97,859	97,904	66,921	66,962	66,961	69,220	69,220	66,420	69,797	68,419
Number of Staff	3,632	4,201	4,361	4,888	4,185	4,785	4,721	4,737	4,832	5,133	5,574	6,236
M2 per staff	17.5	15.1	22.4	20.0	16.0	14.0	14.2	14.6	14.3	12.9	12.5	11.0

Table 3 – Summary of the NWS Estate profile change 2006-2020

The Trust's overall estate is more complex than that of 2006. Although the Trust has disposed of 23 sites, over the period its overall property base has grown from 125 sites to 130₍₂₀₂₀₎. This is because of the re-introduction of PTS in the GM area, growth of 111, introduction of HART and centralised medicines management and some expansion of PES in the Cheshire and Mersey area. In addition to this, NWS are now co-located on 23 shared stations.

The above table and the following pie charts show that the current 5 year strategy has been very successful in reducing the overall estate footprint, reducing significantly its carbon footprint, increasing the efficiency of the estate, and delivering an overall younger estate.

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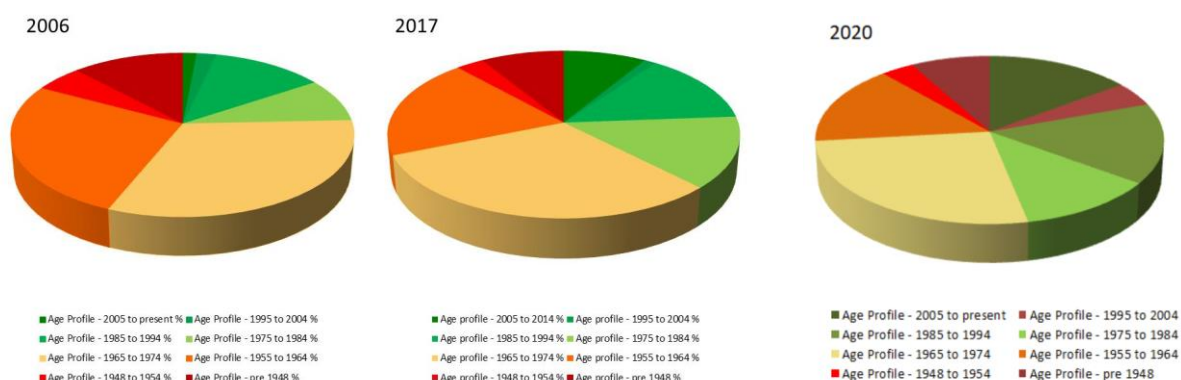


Table 3 – Changing age profile of NWAS estate, from formation of Trust, prior to start of this strategy and current position (2020)

2.3 Property Condition (Six Facet Surveys)

The Trust has a statutory duty to safeguard the physical assets of the Trust. In order to establish the current levels of backlog maintenance Oakleaf Group were appointed to carry out a survey of the Estate in 2020. The results of this survey will help inform this strategy and future allocation of capital investment. Each NWAS owned property was appraised against three criteria; physical condition, energy performance and statutory compliance. Full details of the survey exercise are held by the estates team but a summary of the findings can be found in Appendix 1.

The survey report provided the estates team with a comprehensive, clear and independent assessment of the current condition of the estate. It is good practice to have an independent assessment of the estate condition carried out at regular intervals and the introduction of the NHSI's Model Ambulance Trust will make having a clear view of the condition of the estate a necessity.

2.4 Financial and Economic outlook

The financial and economic outlook will be the overall driver for efficiencies in the estate towards:

- More co-location/partnership initiatives e.g. with other blue light services/public bodies
- Reduction in the number of sites
- More operating efficiencies derived from the proposed reduction in the estate footprint

This strategy clarifies the key issues and actions required over the next five-year period. The strategy will need to be reviewed as other Trust strategies develop.

The strategy will be used as the basis for determining the 5-year and annual estates plan for the Trust.

2.5 Carter Report (NHSI Model Ambulance Trust) and the Naylor Report

There are two specific reports that have an influence upon the Trust's estate:

Carter Report

One of the outputs from the Carter Report was the development of the "Model Hospital", which provided a benchmarking tool to inform Trust Boards, highlighting areas where efficiencies maybe

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gained. The model is now embedded and is proving to be effective. Following the success of the model, in 2017 NHSI started to develop the “Model Ambulance Trust” with a planned go live date of 1st April 2019 for all English ambulance Trusts. The model covers a number of aspects, but with regards to estates there are 3 main areas of focus:

- Operational estate
- General estate
- Fleet

The NHS Improvement Estates and Facilities team have been working with ambulance providers to improve the categories and definitions of the Estates Returns Information Collection (ERIC) data collection from 2019/20 to enable more appropriate benchmarking and identification of potential improvement opportunities.

To facilitate the transformation of ambulance services, the NHSI team are supporting the availability of capital via the STP capital bidding process, and current guidance is for bids focusing on:

- Changes to operational fleet in relation to ARP and/or fleet operating efficiencies.
- Introduction and development of the Make Ready system (inc. Make Ready Hubs and Spokes).
- Control Centres, deriving efficiencies in operation and resilience.

Naylor Report

In 2016 Sir Robert Naylor was commissioned to conduct an independent review and make recommendations on the options to realise better value from NHS property and to deliver targets to release £2 billion of assets for reinvestment and land for 26,000 houses. In January 2018 the government responded to the report describing its vision of an efficient, sustainable and clinically fit-for-purpose estate, one where the NHS:

- Makes sure local strategic estates planning reflect changing delivery models
- Replaces what cannot be cost-effectively maintained and releases what it no longer needs, maximising receipts which can be reinvested into premises and services, and creating new homes
- Understands the costs of its estate, with comprehensive, accurate and comparable information underpinning estates-related decision making
- Proactively takes steps to maintain its assets and reduce backlog maintenance

2.6 Covid-19 and Lockdown 2020

The government initiated a lockdown in response to Covid-19 in March 2020. During the period of March to July 2020, the Trusts estate experienced various pressures and underwent a number of changes in response to the threat posed by the virus to support the front line, enhance services, provide a safe environment for staff, patients and visitors. The response was exceptional and effective to this unprecedented event, the opportunity to learn lessons has been taken and is covered later in the document.

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2.7 NHS People Plan

We are the NHS: People Plan 2020/21 – action for us all, along with Our People Promise, sets out what our NHS people can expect from their leaders and from each other. It builds on the creativity and drive shown by our NHS people in their response, to date, to the Covid-19 pandemic and the interim NHS People Plan. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as take action to grow our workforce, train our people and work together differently to deliver patient care.

This plan sets out practical actions for employers and systems, as well as the actions that NHS England and NHS Improvement and Health Education England will take, over the remainder of 2020/21. It includes specific commitments around:

- Looking after our people – with quality health and wellbeing support for everyone
- Belonging in the NHS – with a particular focus on tackling the discrimination that some staff face
- New ways of working and delivering care – making effective use of the full range of our people's skills and experience
- Growing for the future – how we recruit and keep our people, and welcome back colleagues who want to return

The challenge of Covid-19 has compelled the NHS to make the best use of our people's skills and experience, to provide the best possible patient care. People have risen to the challenge and have been flexible and adaptable – with many colleagues rapidly brought into services outside their normal scope of practice, and new teams created around people's experience and capabilities rather than traditional roles.

Successes in teams were made possible by good communication, high levels of trust, distributed leadership, and rapid decision-making, as bureaucracy fell away and people felt empowered to do what was needed. Teams also blurred sector boundaries, with greater collaborative working with colleagues in social care. We must all now build on this momentum to transform the way our teams, organisations and systems work together, and how care is delivered for patients.

The arrival of Covid-19 acted as a springboard, bringing about an incredible scale and pace of transformation, and highlighting the enormous contribution of all our NHS people. The NHS must build on this momentum and continue to transform – keeping people at the heart of all we do. The Trusts estates should be seen as an enabling asset and the Trusts facilities management an enabler.

2.8 Delivering a “Net Zero” National Health Service

More intense storms and floods, more frequent heat waves and the spread of infectious diseases from climate change threaten to undermine the years of health gain. Two clear and feasible targets emerge for the NHS net zero commitment:

- For the emissions we control (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach 80% reduction by 2028 to 2032.

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- For the emissions we can influence (our NHS Carbon Footprint), net zero by 2045, with an ambition to reach 80% reduction by 2036 to 2039.

The plan sets out the interventions required to meet these targets, of which the estate (contributing to 15% of the NHS Carbon Footprint), has a key role in decarbonising the NHS.

2.9 Current Operational Model for 2020/21

Currently the Trust, in the main, operates a traditional ambulance station estate. In considering how the estate will support front line service delivery into the future, and taking account of the introduction of the ARP in 2017, it is critical that the Trust determines the future service models.

2.10 The Way Forward

The Trust's strategic vision is to become the 'Best Ambulance Service in the UK', by achieving our goals of delivering the Right Care, at the Right Time in the Right Place, Every time.

The key elements of this strategic vision include the redesign of ambulance responses to align with the requirements of the Ambulance Response model (ARP) ensuring patients receive the most appropriate type of response; and to continue to move towards reducing the number of Paramedic Emergency Service (PES) patients conveyed to A&E. This will be achieved by increasing the proportion of patients helped by offering telephone advice (Hear and Treat) and the continued development of the See & Treat model as suitable alternatives where possible.

Key to improving patient care is the development of deployment plans that position ambulance resources as close as possible to patients at the time of despatch. This concept of intelligent deployment plans based upon accurate and reliable activity data is called Patient Centred Deployment (PCD). The foundations to support PCD are represented in the two pillar diagram shown in Figure 1.

The Estates Strategy focuses on providing the elements in the right hand pillar of the PCD model.

The Service Modernisation Partnership Group produced the NWS Emergency Service Resource Deployment Strategic Outline (included in Appendix 2) which supports the development of PCD.

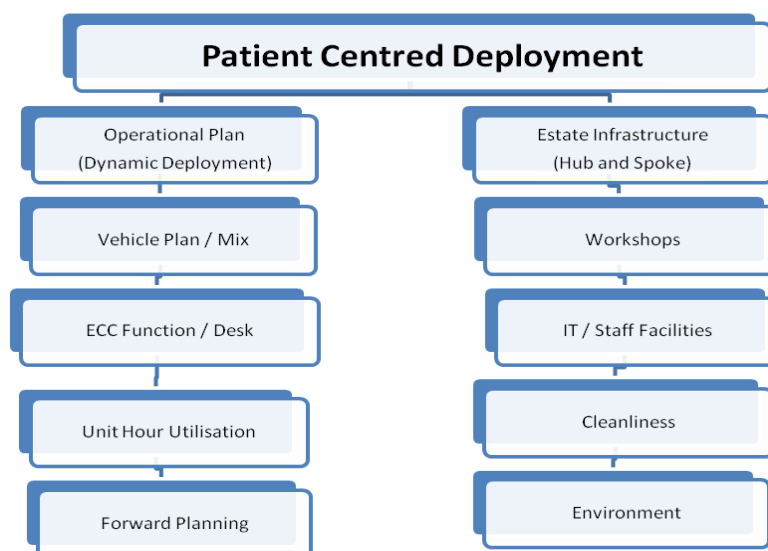


Figure 1 - Patient Centred Deployment model

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Before proceeding, it would be helpful to revisit the main definitions of Hub and Spoke, being:

Definitions

- Hub & spoke – An operational model whereby estates support the provision of physical estate
- Make ready – An operational system within and supports the hub & spoke model
- Stocking & washing – A support service incorporated within a make ready system

What is a hub?

- Central reporting point for all staff and vehicles
- Includes management, welfare, training and make ready facilities
- Strategically located within 5 miles of major acute/district hospital or on a major route where the majority of ambulance flow takes place

What is a spoke?

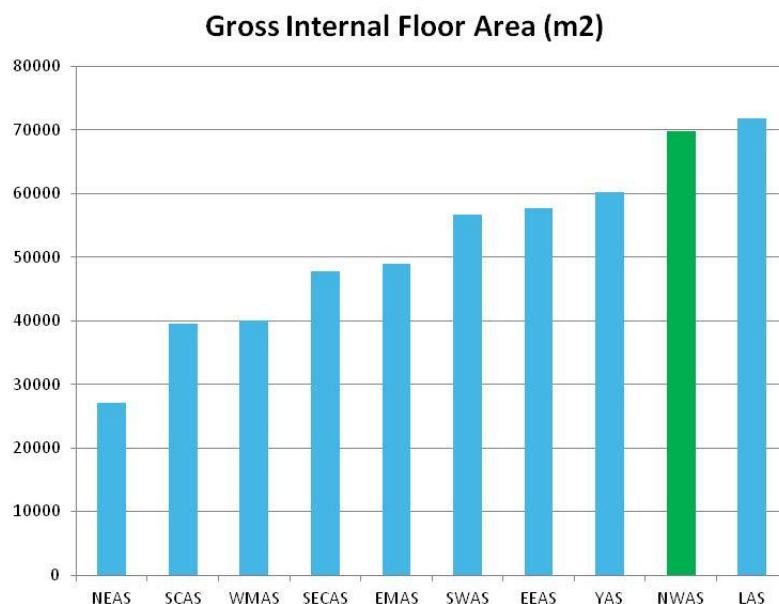
- Strategically located response point - unmanned
- Rest and welfare facilities

In comparing NWS with other ambulance Trusts it is worth considering the following 2 tables which include data taken from the Estates Return Information Collection (ERIC) annual returns.

Trust Site Numbers	
NEAS	55
LAS	86
EMAS	91
SCAS	99
YAS	106
WMAS	115
SECAS	119
NWS	131
EEAS	133
SWAS	162

Trust site numbers – all ambulance Trusts June 2017

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All ambulance Trusts June 2017

What is this telling us? For the number of sites we are about in the ball park with some of our peers, for example WMAS, SECAS. However, they have a significantly smaller footprint! This is because they have a few larger main sites (hubs) and more of the much smaller unmanned sites (spokes).

Recently the NHSi, who are leading on implementing the Carter Report, cited WMAS as an exemplar, and the following is a quotation:

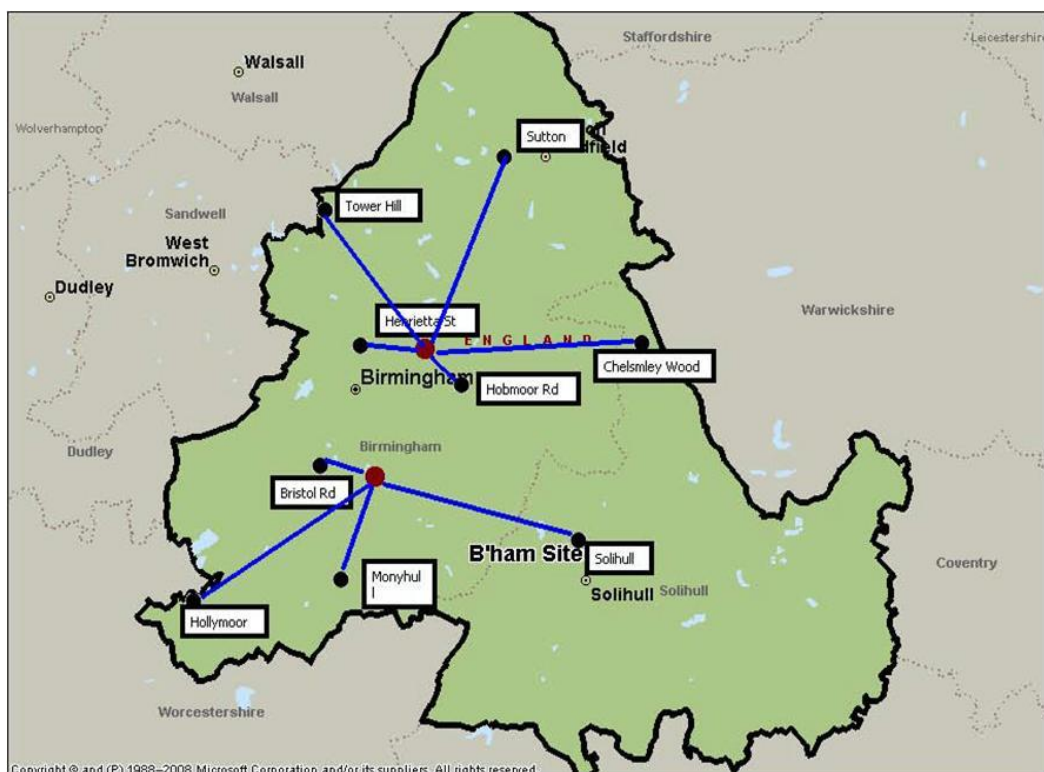
In WMAS the success of this approach is based on a radical shift from 70 traditional ambulance stations to 15 hubs supported by community access sites, (originally >100, now reducing to 50), which provide rest facilities for staff but no stocks, lockers, offices or vehicle storage.

Examples of the hub sizes in terms of people and vehicle numbers and hub and spoke configuration have been obtained from WMAS and are presented below to enhance perspective.

WMAS Locality		Site	Staff	DMA	RRV
West Mercia	1.	Shrewsbury	212	30	20
	2.	Hereford	110	15	13
	3.	Worcestershire	231	28	25
C&W	4.	Warwick	74	15	11
	5.	Coventry	229	33	25
B'ham	6.	W'wood Heath	270	44	21
	7.	Ladywood	211	21	29
Black Country	8.	Willenhall	206	21	17
	9.	Dudley	216	32	21

Example of hub size in terms of staff and vehicle numbers taken from WMAS

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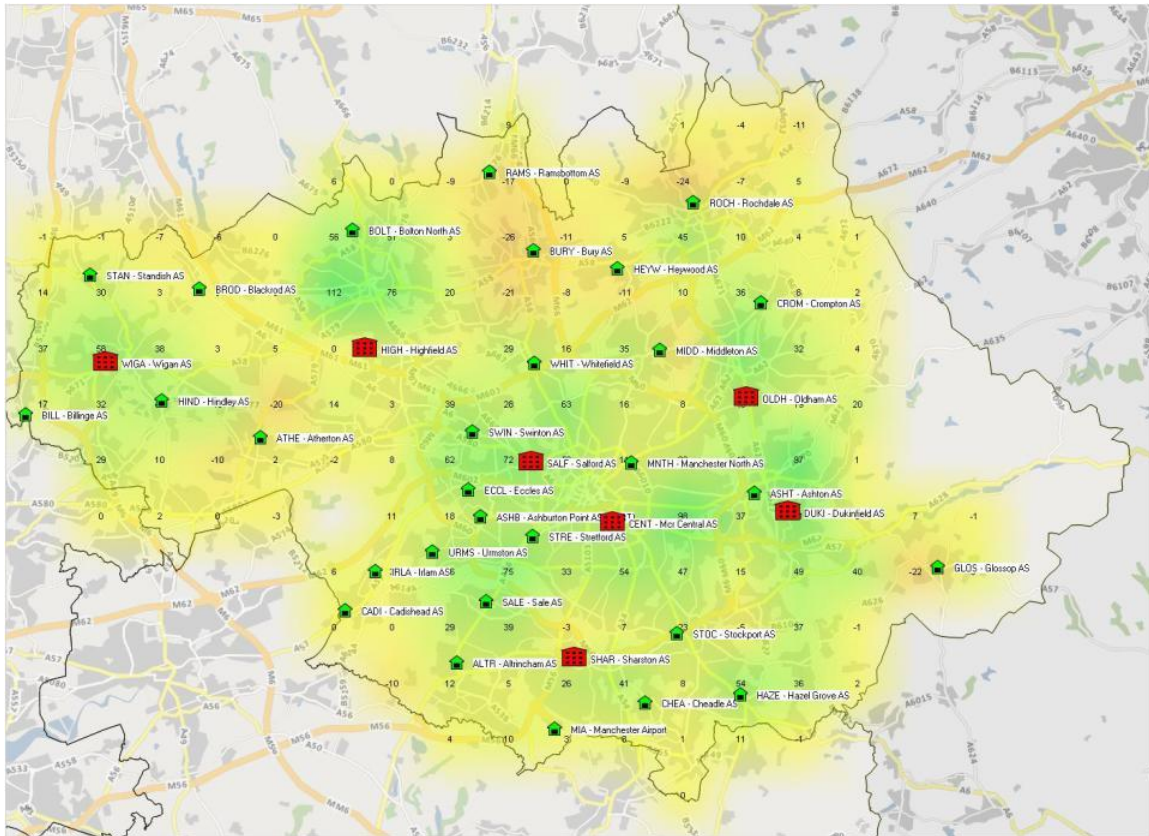
Example of Hub & Spoke coverage taken from WMAS

In addition, the work undertaken prior to ARP clearly demonstrated the improvement on performance when moving to a hub and spoke model, but particularly so with a more flexible meal break regime applied within the model, illustrated below.

	Meals at home (EL1)			Meals at nearest base (EL3)		
	V3.1 results: R2 perf change	R2 perf change	Change to R2 incidents reached within 8 mins (over 7 mo)	V3.1 results: R2 perf change	R2 perf change	Change to R2 incidents reached within 8 mins (over 7 mo)
NWAS	0.08%	0.13%	293	1.35%	1.51%	3502
CL	-0.24%	0.18%	115	0.65%	0.67%	420
GM	0.17%	0.11%	107	2.44%	2.68%	2516
CM	0.24%	0.09%	71	0.56%	0.75%	566
CL NORTH						
CUMBRIA	-0.31%	-0.21%	-17	0.87%	0.60%	49
CL MORECAMBE						
BAY	-0.50%	-0.46%	-42	0.49%	0.52%	48
CL FYLDE	-0.42%	0.10%	14	0.56%	0.56%	76
CL SOUTH						
LANCASHIRE	-0.51%	-0.02%	-3	0.82%	0.87%	118
CL EAST						
LANCASHIRE & RIBBLE	0.26%	0.91%	163	0.56%	0.72%	129
GM WEST	1.62%	1.63%	343	3.49%	3.67%	772
GM EAST	-1.07%	-1.27%	-265	1.40%	1.44%	300
GM CENTRAL	0.11%	0.10%	26	2.69%	2.69%	694
GM SOUTH	0.06%	0.01%	3	2.16%	2.85%	750
CM NORTH	-0.17%	-0.17%	-45	0.70%	0.72%	190
CM EAST	0.85%	0.20%	40	0.50%	1.26%	255
CM WEST	0.59%	0.52%	84	0.99%	0.71%	115
CM SOUTH	-0.39%	-0.07%	-8	-0.20%	0.05%	6

Hub & spoke predicted performance gains against baseline

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Heat map of predicted performance gains against baseline when taking meal at the nearest location (*greater the gain deeper the green, more negative impact deeper the red*)

On the 3rd November 2017 an EMT estates strategy day workshop was held at the Anderton Centre with the aim to inform the future estates strategy 2018-23 in terms of:

- Setting the direction and priorities of the estate to have fewer but larger operational sites (Appendix 3), hence having a planned strategic development rather than an opportunity driven one
- Identifying the benefits and challenges in delivering the above
- Setting the factors when prioritising and locating hubs and spokes
- The key lessons learnt by other Trusts when delivering the hub and spoke model

Having first considered the current position and context, attendees were challenged to undertake four activities to produce key outputs to inform future estates developments. The four outputs are summarised below.

OUTPUT 1 - How many hubs are needed in that area? What groupings of stations would form each hub?

Three separate groups tackled the same questions, however their conclusions and observations were broadly similar, summarised as follows:

1. Consensus was that this should be looked at NWAS wide, beyond current sector/area boundaries.

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2. Agreement that we need fewer large sites, as few as 3-4 hubs in each current area. The work produced the hubs and groups shown in Appendix 3, (these clusters are indicative only in general location and size).
3. More rural areas such as Cumbria and parts of Cheshire may not necessarily lend itself to hub and spoke treatment because the areas consist of a number of small towns/villages which are widely dispersed. These areas of the Trust may just require some estates rationalisation and modernisation. These are also shown in Appendix 3, but should be considered as groupings of resources rather than hubs as in 2 above.
4. PTS numbers have not been factored into this exercise, so need to be included.

OUTPUT 2 - what factors determine our priorities in developing this hub and spoke model?

The key factors are a balance of performance and quality improvements, local context, resource and efficiencies. The full list is presented at Appendix 4.

OUTPUT 3 – what benefits and challenges are there in moving to the hub and spoke model?

Benefits mirror some of the key factor for prioritising and the principles of the NWAS Emergency Service Resource Deployment Strategic Outline, (Appendix 2):

- Performance (assuming operational systems are adapted)
- Reduced overheads/running costs
- Capital receipts (for reinvestment)
- Possible reduction in fleet pool size?
- Reduction of backlog maintenance burden
- Facilitates make ready and the benefits (financial and other) arising from that
- Better staff facilities
- Better management support
- Improved training/education
- Improved quality assurance

Challenges are reflected in the lessons learnt (see later). The full list is presented at Appendix 4.

OUTPUT 4 - what criteria are important when considering locations for hub and spoke stations?

It was found that the key criteria also mirrored the principles of the NWAS Emergency Service Resource Deployment Strategic Outline, (Appendix 2). In practice, it will likely be a balance of

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performance (the prime criteria), logistics and communications routes. The full list is presented at Appendix 4.

Key Lessons Learnt From Other Trusts

The workshop activities produced a further discussion about lessons learnt from other Trusts. Discussions have been had with all Trusts who have or are implementing hub & spoke to gain an insight to how well benefits identified in the business case were realised and lessons learnt. The breadth and scope varied between each Trust; however, there was consistency in several themes:

- Key benefits of operational efficiency savings have not been realised. New ways of working did not materialize, staff travel back to Hub for meal breaks and rests mitigating any efficiencies derived from applying make ready. Examples of how they have addressed these issues and lessons learnt are:
- Several Trusts have now set a £5 meal scheme at acute hospitals to allow crews to eat there billed against the Trust. They have also now allowed crews to carry food on vehicles to response points.
- Education of what the Trust was trying to achieve had been poor. There should have been more communication and evidence reason for the changes. Communication should have included EOC.
- There was a need for better education to staff that the hub is a facility aimed at getting crews out and staying out on the front line.
- Provide response posts where staff have breaks/meals during their shift not the hub. Introduced cooler bags to support this.
- When the above are addressed, make ready provides efficiency in resource deployment (when employed as designed) and provides quality of assurance of equipment and IPC.
- Prior communication internally and externally is key to delivery and implementation. Focus on benefits not costs/closures.
- The make ready/hub should be seen as a hub for making ready vehicles and deploying crews at the start of shift, and staying out to serve patients. Regular comments “don’t make hubs comfortable; provide facilities at spokes to encourage staff to stay out”. “Don’t provide too large a spoke, they revert to traditional ambulance stations”
- Management and supervision efficiencies and effectiveness gained.
- Trusts tried to implement as part of day job which proved too difficult. Some set up dedicated transformation team. This is not an estates managed programme but a whole system approach.

For NWS, the hub and spoke configuration supports PCD particularly in concentrated high activity and dynamically changing urban areas. A more traditional ambulance station deployment would be more appropriate in the less densely populated and widely dispersed areas such as Cumbria and Cheshire.

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It should also be noted that not all Trust provide Patient Transport Services. This is a competitively tendered commercial contract service provision, and NWS was awarded 5 year contracts from July 2016 for Greater Manchester, Mersey, Lancashire and Cumbria through until July 2022. Therefore, the estate is required to support both service performance and be provided within the prevailing contracted financial envelope. To gain efficiencies in not only operation, but with respect to make ready and deep cleaning, the supporting estate should be considered within the hub and spoke model, and only where operationally/geographically necessary as a standalone site.

COVID-19 Lessons Learnt

The government initiated a lockdown in response to Covid-19 in March 2020. During the period of March to July 2020, the Trusts estate experienced various pressures and underwent a number of changes in response to the threat posed by the virus. A workshop was undertaken on the 18th August 2020 to explore those experiences, to see what lessons could be learnt and how to apply them for the future. This section covers those lessons learnt specifically related to the Trust's Estates Strategy.

Lessons learnt could broadly be broken down to those related to either strategic application or operational application. Operational lessons learnt will be used when revising operational policies. Strategic lessons learnt are summarised as follows:

- The estate is made up of stock of varied ages, the main bulk of which is older than 25 years. The older estate was found to be more difficult to adapt than the more modern estate. There was a requirement to expand call taking functions quickly and there was pressure to find space to do so. However, there were large parts of estate that were under-utilised, (20-30% occupancy), with many staff working from home or elsewhere within the Trust. However, the under-utilised stock was not used for expansion due to location and particularly the facilities to undertake the change not being appropriate.
- Agile working, which had previously been explored by the Trust but not rolled out, was put into practice by default in following the government's line to work from home where practical to do so. During August/September 2020 the facilities management (FM) team discussed this aspect with a wide variety of managers whilst facilitating them in establishing a more normal 'business as usual' working practice whilst working within a Covid-19 environment. Overall managers found that the increased use of home working and communications technology had positive benefits of:
 - Direct reduction of risk to the individuals and colleagues
 - Rotational working created staff bubble of contact, and hence reduced the risk of taking out a whole department/function/team in the event of a track and trace issue
 - Overall reduction of footfall on a number of sites contributed to risk reduction
 - Managers consistently reported increased productivity and flexibility of the workforce, facilitated by the increased use of technology
 - A significant reduction in mileage, (and lost time through travelling), has been seen
 - Increased carbon savings due to reduced mileage
 - Health and wellbeing have been maintained by establishing good local team routines

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- However, some functions and for some individuals due to their specific needs, it is less effective and their requirements have been facilitated on sites
- Because many parts of the estate are of an older stock, inherited from former organisations, with varied standards of fixtures, fittings and design, hampered responding quickly in terms of reconfiguration, cleaning, security and the application of prevailing guidance.
- The Trusts Green Plan abruptly stopped and works suspended. This needs to be quickly picked up again, become embedded within the organisation as a way we do things.
- Partnership working at co-located sites, at which some partners closed for the period, proved difficult in some cases to establish information sharing and to assure compliance.
- Transport logistics and central stores had previously been a small backwater operation providing a number of unseen services to the Trust and other Trusts and had seen little investment over the years. During the Covid-19 crisis the operation was essential and proved to be an important an essential element to the delivery of front line service and the health and wellbeing of the Trust's staff. Very quickly the operation and site had to be built up to service the front line 24/7 with PPE and other essential supplies. The site now has the capability and capacity to deliver and maintain high levels of stock to the Trust across the 5 counties. However, for expediency the infrastructure was established using temporary structures which will need addressing for the longer term provision.
- A variety of new ways of working evolved locally as teams adapted to follow guidance and also deliver their services. It is worth learning from these experiences and facilitating teams to enable them to work efficiently and effectively, which is also borne out by the recently release NHS People Plan. It was clear at the time managers where not sure what they could/couldn't do, an updated working from home policy and managers guidance would have proven useful.

3. Future Provision

3.1 Supporting Service Delivery

The successful implementation of this Estates Strategy will enable the provision of safe, secure, high quality buildings and an infrastructure capable of supporting current and future models of service delivery (see 2.7).

The Trust estate will be maintained over the next 5 years in such a way that it will be designed to be flexible and adaptable with the ability to change appropriately to the needs of the Trust across the communities it serves. However, there are a number of constraints highlighted in the following sections. Therefore, the estates team will lead on the development of a Paramedic Emergency Service 5 Year estates implementation plan based upon Optima modelling to assure ARP provides the prime focus. The plan will also take into context Patient Transport Service developments based upon demand analysis and contractual parameters. The two key aims of the plan are to identify high-level detail and priorities for delivery and financial resources to deliver.

In order to support the new service model the focus of estates activities will include:

- The development of modern bases, which will provide the full range of facilities required to support the service strategy.

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- The capacity to support a more diverse vehicle base.
- The potential to introduce a hub and spoke model across the region, based on a single large ambulance station at the hub, and spokes consisting of serviced and un-serviced ambulance standby points.
- Facilities for training, both centralised and 'out in the field'
- Facilities for vehicle fleet maintenance and deep cleaning service that will complement and improve vehicle availability and reduce ambulance crew downtime.
- A modern, well maintained estate that allows estates maintenance costs to be controlled and avoids the need to invest significantly in backlog.
- Implementation of the Trust's Green Plan that delivers the requirements of the NHS Carbon Reduction Strategy for England.
- The provision of appropriate facilities for the corporate functions within NWAS.
- The provision of appropriate facilities to support the control functions for emergency, 111 and planned care services.
- Opportunities for rationalisation, co-location and reduction in cost.
- Opportunities for to learn from the lessons learnt from Covid-19 lockdown and incorporate these in future developments.

3.2 Key Drivers

3.2.1 Ambulance Response Programme (ARP) & Patient Centred Deployment (PCD).

Following the largest clinical ambulance trials in the world, NHS England implemented new ambulance standards across the country in 2017. The changes focus on making sure the best, high quality, most appropriate response is provided for each patient first time. Key to this is the development of deployment plans that position appropriate resources as close as possible to patients at the time of despatch, known as PCD (section 2.10). To support PCD, resources are deployed within an area to maximise coverage and performance.

3.2.2 Financial and Economic Outlook

In 2020/21 following guidance from NHSE/I in relation to the response to Covid-19, all NHS Trusts and Foundation Trusts for an initial period of 1st April to 31st July 2020 and then extended to 30th September 2020, applied a suspension of the usual contracting arrangements. The NHS moved to block contract payments on account for all services commissioned by NHSI/E and CCGs to ensure that Trusts have sufficient funding to respond to the crisis. During this period the requirement for efficiencies was suspended. For the latter part of 2020/21 there is an expectation that financial balance will be achieved within a system wide envelope seeing a return to the usual financial disciplines.

During the period this strategy relates to, 2018 to 2023, the Trust has continued to demonstrate strong financial management. In 2018/19 the Trust delivered a surplus position of £5.319m which included £2.131m Provider sustainability / sustainability and transformation fund income (PSF/STF). To achieve this the Trust delivered a cost improvement programme (CIP) of £9.834m.

In 2019/20 the Trust delivered a surplus position of £2.875m which included £0.875m expenditure directly related to Covid-19 and the Trust delivered a CIP programme of £9.808m.

Going forward a key requirement is to deliver efficiencies in the estate to support the continued frontline service delivery.

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3.2.3 Environmental Factors

The Climate Change Bill which introduced the world's first long term legally binding framework to tackle the dangers of climate change was introduced into parliament on 14 November 2007 and became law on 26th November 2008.

The Act created a new approach to managing and responding to climate change through: setting ambitious targets, assuming powers to help achieve them, strengthening the institutional framework, enhancing the UK's ability to adapt to the impact of climate change and establishing clear and regular accountability.

The Trust as part of its board approved Green Plan has undertaken a climate change risk assessment and developed an appropriate climate change adaptation plan which is reviewed on a regular basis to maintain its currency.

The NHS Carbon Reduction Strategy 2009 was developed and introduced to ensure compliance with the Climate Change Act target of 80% reduction in CO₂ emissions by 2050 compared to 1990 emission. The 2050 target has now been revised to net zero by this date.

The NHS, public health and social care system recognises that the current system is not sustainable without radical transformation. It suggests that environmental and social sustainability can be addressed alongside economic sustainability challenges and has developed a NHS 'Long Term Plan' and the 'For a Greener NHS' campaign. These initiatives propose that a sustainable system protects and improves health & wellbeing by reducing carbon emissions, minimising waste and pollution, building resilience to climate change and nurturing community strengths.

From an NWAS' perspective, the Trust's Green Plan is managed by the Trust Sustainability Steering Group, and has signed up to the NHS Sustainability Development Unit's (SDU) new Sustainable Development Assessment Tool (SDAT). The SDAT forms the basis of the Trusts action plan to target and maintain continuous improvement to its overall organisational commitment to sustainability.

The SDAT also highlights the Trust's contribution to the United Nations Sustainable Development Goals (SDGs). The 2030 Agenda for Sustainable Development, adopted by all United Nations member states in 2015, including the UK, provided a shared blueprint for achieving peace and prosperity for people and the planet both for now and into the future.

At its heart are the 17 sustainable development goals (SDGs) which is an urgent call for action by all countries in a global partnership. They recognise that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, spur economic growth and at all times tackling climate change along with working to preserve our oceans and forests.

3.2.4 Legal and Regulatory Framework

The Trust is required to comply with all statutory and regulatory requirements. In the field of estates this is constantly developing, particularly with regards to health, safety and environmental legislation. There is specific legislation related to the estate associated with asbestos, legionella and waste that pose risks to the Trust, staff, visitors and patients. Management of these risks and the associated policies and procedures will continue and will be reflected in the annual estates action plans.

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3.3 Covid-19 (lessons into practice)

With regards to the Estates Strategy lessons learnt can best be applied in the way the Trust develops and uses its estate now and particular benefit could be gained in planning for future estates developments. Broadly, these would be:

- **Specification for both buildings and fixture and fittings:**
 - Buildings – to incorporate physical guidance measures and control points
 - Single corporate standard – for fixture, fittings and premises systems to facilitate maintenance and management
 - Communications systems – general flexible communications systems to support building adaption and remote working/dispersed working
- **Functional expansion/adaption** – have a holistic approach to developing a future flexible estate, considering building not as functional but Trust assets that in a crisis are more readily configurable for other uses i.e. using corporate offices for call taking or training.
- **Support the delivery of the NHS People Plan (New ways of working)** – accepting that currently there is no end date to the Covid-19 threat. Therefore, the Trust has to provide a working environment (both hard physical and soft cultural) that is Covid-19 safe. This is not just about making physical changes but also the way we work and how staff conduct themselves at work. The greater the footfall in an office or building the greater the risk, therefore flexibility is needed in taking a team approach in how to deliver services in the safest way that best suits that particular operation. The strategy needs to link to the NHS People Plan and new ways of working: People policies and guidance need to be refreshed in light of the Covid-19 experience to support managers and staff in developing and applying new ways of working and need to cover:
 - Working from home
 - Guidance for managers
- **Transport Logistics and Central Stores** – This contribution to the front line initially and throughout the Covid-19 crisis should not be underestimated. Similar feedback has been gained from all ambulance Trusts on the value of central stores and distribution in light of the crisis and sustaining the benefits gained going forward. Therefore, the temporary structures should be replaced with permanent facilities and retained as a key Trust assets.

3.4 Stations

Since April 2012 the following stations have been closed or relocated, generating capital receipts for reinvestment of c£3.9M:

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Annual Capital Receipts

Site	Date of Sale	Capital Receipt (£)	Area
Stretford	Aug-13	181,000	Greater Manchester
Wardle	Dec-13	166,966	Greater Manchester
Cown Top Mast	Jul-13	8,000	Greater Manchester
Barnoldswick	Aug-13	190,000	Lancashire & Cumbria
Belle Vue	Mar-14	200,000	Greater Manchester
Preston - Deepdale	Apr-14	220,000	Lancashire & Cumbria
Darwen	Apr-14	75,000	Lancashire & Cumbria
Newton le willows	Apr-14	65,000	Cheshire & Mersey
Cadishead	Jul-15	90,000	Greater Manchester
Birkenhead	Sep-15	50,000	Cheshire & Mersey
Clitheroe	May-15	68,000	Lancashire & Cumbria
Standish Station	Dec-16	160,000	Greater Manchester
Standish Gardens	Apr-16	30,000	Greater Manchester
Maghull Station	Oct-16	242,000	Cheshire & Mersey
Hazel Grove	Jun-17	65,000	Greater Manchester
Crompton	Jul-17	253,000	Greater Manchester
Wigan	Sep-17	220,000	Greater Manchester
Millom	Dec-17	50,000	Lancashire & Cumbria
Atherton	Dec-17	240,000	Greater Manchester
Hindley	Dec-17	140,000	Greater Manchester
Ulverston	Jan-18	50,000	Lancashire & Cumbria
Burnley	Jun-18	350,000	Lancashire and Cumbria
Nelson	Sep-19	130,000	Lancashire & Cumbria
Formby	Apr-19	175,000	Cheshire & Mersey
Barrow	Jul-20	260,000	Lancashire & Cumbria
Billinge	Jun-20	270,000	Greater Manchester
Total Sales to Date		£3,948,966	

Pending Capital Receipts

Site	Estimated Date of Sale	Estimated Capital Receipt (£)	Area
Huyton	Jan-21	140,000	Cheshire & Mersey
Total Pending Sales		£140,000	

The focus has now moved to developing the hub and spoke configuration because it supports the objectives of ARP. Make ready is a system that maximises clinical patient facing vehicle time (CPFVT) through the provision of an ambulance vehicle preparation service (AVPS) at strategically located hubs

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that restocks, maintains, refuels and cleans vehicles prior to shift commencements, negating the need for expensive ambulance clinicians to do daily vehicle preparation. Trusts that operate make ready produce a CPFVT of c97% of operational hours. The make ready hub and spoke model facilitates estate consolidation and reduces the overall footprint, with alignment to meet modern demand patterns no longer served by a legacy estate. This is the most appropriate operational model for the mainly urban geographical areas which experience concentrated activity.

The process for identifying options and developing the hub and spoke model is outlined in the flowchart which forms Appendix 5 of this document. However, the hub and spoke model is not necessarily suited to all areas covered by NWAS. The longer distances in the rural areas combined with the smaller communities does not lend itself to this approach. The approach which will be adopted in these areas (mainly Cumbria and Cheshire) will be to look at:

- Opportunities to share facilities with other blue light services/public bodies.
- Refurbishment/replacement of the existing NWAS facilities.

3.5 Contact Centres

In recent years the number of 999 contact centres reduced from four to three. 999 contact centres are located in Cheshire and Mersey, Lancashire and Greater Manchester, and the former Cumbria EOC operates as the NWAS Support Centre. Greater Manchester control relocated to the refurbished 'Parkway 3' in early 2012, under a site-sharing agreement, co-located with NHS Manchester Clinical Commissioning Group (CCG). However, the former CCG have advised their intent to vacate the property in December 2018 and the sub-leased areas to revert to NHS Property Services (PS). This head-lease expires in 2023, and PS have stated they have no intention to renew the lease at this moment in time. Therefore, the Trust will need to consider the long term future of the site within the lifetime of this strategy.

The Liverpool EOC (based at Elm House) which was identified as unsuitable for a 21st century ambulance service has now been closed and services relocated to the new corporate flagship building at Estuary Point. The Elm House site will be marketed for disposal at the earliest opportunities as soon as complexities around Airwaves provision from site, mast and liabilities have been concluded.

During the winter of 2017/18, Southwest Ambulance Service Trust (SWAST) suffered a catastrophic failure that simultaneously disrupted both of their EOCs. The estates team have established communications with their peers in SWAST to see what lessons can be learnt from the incident and applied in NWAS. Some of the lessons learnt have been adapted and employed at the main EOCs and will be incorporated into future builds.

As part of NHSI's work on the Model Ambulance Trust and in providing capital via STP capital funding, NHSI have identified that due to legacy resilience reasons there are 23 emergency ambulance control centres across the sector, with each trust having at least two centres which offer significant variances in the resilience afforded per trust. A number of trusts have not addressed their ageing infrastructure; and no standard platform for telephony and computer aided dispatch (CAD) systems exists, which presents limited interoperability across the sector. Through a capital investment programme, and increased collaboration and standardisation, it is assumed that year on year savings across the areas of IM&T, staffing and estates can be realised. Additionally, it is supposed that a national configuration of control centres has the potential to support improved operational and patient outcomes, as well as

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enhanced resilience and interoperability. Although the NHSI's work is at an early stage, it can be reasonably assumed that during the life of this strategy, greater detail and potentially influence will emerge that will have an impact on the Trusts development of its EOC estate.

PTS control centres are located at Salkeld Hall and Broughton. Following the recovery of the PTS contract in Greater Manchester in July 2016, NWAS continues to use the site previously used by Arriva, at Oldham, as the PTS control centre for the Greater Manchester area. The lease to the Countess of Chester site was surrendered when the services moved to Estuary Point in 2018/19.

3.6 Workshops

The fleet & workshop review was approved by the Board of Directors in June 2011. The stated aim of the review was to determine short, medium and long term objectives to reconfigure the Trust's workshops to support the current and future operational models. The aim is to improve the quality of service delivery, and help achieve better value for money by introducing new ways of working within the fleet and workshops.

To date the short term objectives to permanently close Ellesmere Port and Burnley workshops have been achieved, along with the interim consolidation of Greater Manchester workshops. This involved the expansion of the Bury workshop and closure of the Salford workshop which was completed in the first quarter of 2013/14.

The long term aim is to provide 3 centralised workshops (Manchester, Lancashire and Mersey) and a satellite workshop in Cumbria. A centralised workshop and Regional Logistics Centre (RLC) in the Cheshire & Mersey area was completed in February 2016, which not only provides workshop facilities but also other services for the whole of the NWAS fleet, such as stores, fuel, insurance and insurance claims management, waste, make ready and deep cleaning contracts management. A second centralised workshop in Lancashire was completed in 2017, providing the basis for further consolidation within the county planned for 2020/21. Further, work to consolidate the Bolton and Bury workshops is to be undertaken in 2020/21. In addition the Cumbria workshop will be moving premises by November 2021 due to current site limitations and lease end date.

3.7 HART/USAR/ Resilience

In line with the Home Office National Capability Programme, NWAS hosts two Hazardous Area Response Teams (HART). The Manchester HART and Trust resilience team operate from Trafford Park. The Liverpool HART team is set up in extended and converted facilities on the site of the Mersey Fire and Rescue Service Training centre in Croxteth. The Trust is aware that the fire service is reviewing provision at the Croxteth site; therefore, the Trust will need to maintain links with the service to ensure that any proposed changes are appropriately planned for.

3.8 Education & Learning Facilities

Changes to the occupancy and purpose of corporate sites over recent years has resulted in the reduction of training capacity for core induction training and mandatory training. In particular, the redevelopment of the Ladybridge Hall site and the closure of the former training rooms at Elm House. Although the Trust retains The Centre in Preston, Parkway, Broughton, and the additional training facilities available at Estuary Point, this does not provide sufficient capacity to meet the needs of the Trust going forward. This has resulted in rising costs for the temporary hire of suitable accommodation for training.

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The strategy includes a review of training provision with the aim of centralising provision for the majority of core induction training, recognising that there may need to be ad hoc temporary provision to meet the needs of Cumbria. In addition, the development of hub and spoke provision in PES will incorporate training facilities capable of delivering mandatory training for the area in which they are situated.

3.9 Corporate and Headquarters Services

When the Trust was formed in 2006 three area offices and a headquarters were established at Elm House, Broughton, Whitefield, and Ladybridge Hall respectively. Following a review by Deloitte, a programme of works was undertaken during 2014-16 to redevelop the Ladybridge site as the Trust's corporate headquarters, consolidate a number of support services on to the site and close Whitefield and Highfield corporate offices. The programme of work was completed in February 2016. Whitefield has subsequently been retained due to the re-introduction of PTS staff and vehicles into the site. The future use of the Whitefield site will be reviewed going forward.

The strategy incorporates the development and delivery of a NNAS corporate branding inclusive of all soft facilities and commensurate service levels at headquarters and other core NNAS premises. This includes the development and oversight of the Trust's clear desk policy; Simple Steps to Smarter Working, centralised systems and procedures such as; room bookings, tracked mail, ID badge production and distribution, franking machine contracts and office assignment management.

3.10 Partnership with other services

The Trust is a signatory of the Greater Manchester Combined Authority Memorandum of Understanding between Greater Manchester bodies (Estates), and therefore the Trust's Estates Strategy links into and contributes to the authority's Strategic Estates Group's Strategic Estates Plans. Other STPs are now establishing similar groups, such as the Cheshire and Mersey Strategic Estates Board, and the Trust needs to maintain links with these as their and the Trust's plans develop. The estates team will continue to investigate opportunities to develop the estate in conjunction with other organisations should the opportunities arise and that they fit in with the Trust's strategic direction. These will include other NHS Trusts, local government organisations as well as private sector developers. The Trust has completed a number of initiatives:

- Closure of Formby Ambulance Station and co-located with Merseyside Fire and Rescue Service at the new Formby Community Fire & Ambulance Station.
- Closure of Southport Ambulance Station and co-located with Merseyside Fire and Rescue Service at the new Southport Community Fire & Ambulance Station.
- Closure of Newton le Willows Ambulance Station and co-located with Merseyside Fire and Rescue Service at the new Newton le Willows Community Fire & Ambulance Station.
- Closure of Barnoldswick Ambulance Station and co-located with Lancashire Police at the Police Station at Barnoldswick.
- Closure of Stretford Ambulance Station and co-located with Greater Manchester Police at the Police Station at Stretford.
- Closure of Wardle Ambulance Station and co-located at the local hospital.
- Closure of Preston Ambulance Station and co-located to Preston Fire Station.
- Closure of Darwen Ambulance Station and co-located to Darwen Fire Station
- Closure of Clitheroe Ambulance Station and co-located to Clitheroe Community Hospital.

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- Closure of Birkenhead Ambulance Station and co-located with Merseyside Fire and Rescue Service at the new Birkenhead Community Fire & Ambulance Station.
- Co-location at Bootle & Netherton Community Fire & Ambulance Station (previously Maghull A/S)
- Co-location of the HART team at Croxteth Community Fire Station with Merseyside Fire & Rescue Service
- Co-location at Poynton Fire Station with Cheshire Fire & Rescue Service
- Co-location at Birchwood Fire Station with Cheshire Fire & Rescue Service
- Co-location at Whitefield fire station with Greater Manchester Fire and Rescue Service
- Co-location at Phillips Park fire station with Greater Manchester Fire and Rescue Service
- Co-location at Irlam fire station with Greater Manchester Fire and Rescue Service
- Co-location at Whitefield fire station with Greater Manchester Fire and Rescue Service
- Closure of the Wigan group of ambulance stations and the creation of a co-located Hub site at Wigan Community fire and ambulance station with Greater Manchester Fire and Rescue Service
- Co-location of PTS at Bolton Central fire station with Greater Manchester Fire and Rescue Service

The Northern Ambulance Alliance (NWAAS, NEAS and YAS) has been formed to work collaboratively on efficiencies and quality across the three organisations has a specific estates and fleet work stream which includes estates operations and environmental and sustainability initiatives. Partnership initiatives have a number of benefits:

1. Reduction in estate running costs
2. Avoidance of the need for NWAAS to invest capital monies in new facilities in the future
3. Reduction in backlog maintenance
4. Sales proceeds from NWAAS sites to invest in new facilities
5. Staff relocated into new modern facilities
6. Increased opportunities for partnership working with other blue light services/public bodies

4. Sustainability and Energy

4.1 Carbon Reduction and Energy Management

In September 2020 the Board of Directors approved the Trust's first Green Plan and the aim of the Green Plan is to identify measures which can be taken in order to achieve the carbon reduction targets set out in the NHS Carbon Reduction Strategy and the UK government's objective of achieving net zero carbon by 2050.

The more recent NHS 'Long Term Plan' and the 'For a Greener NHS' campaign both require the NHS to prioritise and integrate sustainability into its service delivery models. These initiatives consider sustainability in respect of health care services and provide the framework for achieving targets for the reduction of CO₂e emissions, air pollution, and NHS generated waste.

The NHS Long Term Plan has focussed on five target areas which are listed below:

- 51% reduction in carbon by 2025 (1990 baseline)
- Net zero carbon by 2050
- Cut business mileages and fleet air pollutant emissions by 20% by 2023/24
- Ensuring that at least 90% of the NHS fleet uses low-emissions engines (including 25% ultra-low emission) by 2028
- Phasing out primary heating from coal and oil fuel in NHS sites

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The Trust Sustainability Steering Group oversees the implementation of the Green Plan and progress towards these objectives is reported to the Resources Committee on a regular basis.

In 2014/15 the Trust invested £1.8 million installing various energy saving technology initiatives at 11 sites. This resulted in an 11% reduction of the Trusts overall energy emissions. Following on from this success the Trust is continuing to target investment in energy saving technology and reduction by estates rationalisation where appropriate.

Technology currently being considered is:

- Solar photo voltaic (PV) roof panels
- Combined heat and power units (CHP's)
- Light emitting diode (LED) lighting
- Hydrogen fuel cells
- Interlocking garage door/heating systems
- Building management systems
- Double glazing, insulation and draught proofing in identified vulnerable areas
- Battery storage
- Electric vehicles and EV charging infrastructure

Work in progress at the moment is the development of a Sustainability Impact Assessment (SIA) template which will be used as an analysis tool when considering all future projects and procedures.

4.2 Energy Performance of Buildings

The Trust's building stock has a below average standard of energy performance. This is reflected in the age profile of the estate with just over 80% of the Trust estate being over 25 years old and was constructed before proper consideration was given to sustainability and energy management. The Carbon Reduction and Energy Management Programme outlined in section 4.1 specifically addresses this issue and all measures are intended to ensure a good return on investment.

New buildings will be designed to achieve zero carbon standards. They will be developed with flexibility and adaptability being key components of the detailed design stage.

5. Performance Measures and Benchmarking

Achieving service quality is more than performing well financially. There is a need for measures across all aspects of performance relating to the estates function. On a monthly basis the reactive maintenance of the estate is reviewed at the estates and fleet senior management team meetings. Separate contract meetings are regularly held with the service providers to review their performance.

There must also be measures which relate to the overall strategic direction that has been set in order to provide a comprehensive view of performance in that respect. To this end, estate measures will include:

- Progress against the NHS Carbon Reduction Strategy
- Progress against compliance with new legislation
- Asset utilisation (space efficiency; cost of occupation; asset productivity; asset deployment; quality)

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The Trust utilises an ambulance service specific assurance tool to facilitate assurance against a wide variety of legislative and regularity requirements associated with the estates. The estates team will review and consider changing to the NHS Premise Assurance Model (PAM), designed for acute settings, in light of emerging developments of the model.

The Trust is a member of the National Heads of Estates and Facilities forum along with all NHS ambulance trusts across the country. NNAS actively participates in benchmarking between member organisations, as well as benchmarking against the Department of Health's annual Estates ERIC Returns. ERIC is a key source of data for the "Model Ambulance Trust" with a planned go live date of 1st April 2019 for all ambulance trusts, (see section 2.5). The estates and facilities management systems will be adjusted to align with the model to facilitate reporting and benchmarking from 2019, the 3 main areas of focus are:

- Operational estate
- General estate
- Fleet

6. Health, Safety and Hygiene

6.1 The Estates Policy

The Estates Policy defines responsibilities and accountability for the delivery of a quality estates function and encourages a partnership approach with all stakeholders. The focus of the policy is on the provision and maintenance of properties which support service delivery and are safe, hygienic, legally compliant, and sustainable. The Trust will assess its compliance against requirements using the Compliance Tool Kit.

6.2 Premises Cleaning

The Care Quality Commission as part of its inspection programme seeks to ensure that NHS Trusts are meeting the requirements of the Health and Social Care Act 2008 with particular regard to healthcare associated infections (HCAI's). In order to meet with those requirements NNAS is expected to provide and maintain premises which are safe, kept in good repair, fit for purpose and which facilitate the prevention of HCAI's. A Trust wide premises cleaning contract has been in place since January 2013 with the aim of ensuring consistent, quality, cleaning of buildings. The performance of the cleaning contractor and cleanliness is monitored internally by operational managers and the facilities management team. The process of retendering for the service concluded in June 2018 and a new 4 year contract awarded. However, the service has been enhanced following the onset of Covid-19.

6.3 Waste Management

The Waste Management Policy, approved by the Board of Directors in 2018, sets out the Trust's approach to waste management taking into consideration legislative, health, safety and environmental factors. This will be reviewed and the revised policy will be presented to the board by November 2020. The cross-departmental Sustainability Steering Group continues to support the improvement of waste management across the Trust with an additional focus on education and engagement of staff and supporting the Trust's sustainability objectives.

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6.4 Legionella Prevention

A Trust policy for the control and prevention of Legionella is in place and has been implemented to ensure that the requirements of the Health & Safety Executive Approved Code of Practice L8 and NHS HTM 04-01 (where appropriate) are met. All Trust premises have a legionella risk assessment which is reviewed periodically according in line with ACOP L8 guidance. Monthly water monitoring is undertaken and the results are regularly reviewed at bi-monthly water hygiene management meetings.

6.5 Asbestos Management

A Trust Asbestos Policy is in place which sets out responsibilities and obligations under the Control of Asbestos Regulations. All Trust premises have undergone an asbestos management survey to identify the presence of asbestos containing materials (ACM's). All known ACM's are recorded in an asbestos register and re-inspected at regular intervals

7. Financial Plan

7.1 Depreciation, revenue and capital funding

The estate is an asset of the Trust. It consists of a mix of buildings in good condition, some in fair condition and others in poor condition. The asset value of the estate for land and buildings (excluding assets under construction) at 31st March 2020 is £36.836m. The total depreciation value of the Trust's estate for 2019/20 was £1.982m. The depreciation value is an indicator of the cost to re-instate and maintain the value of the assets. The planned capital expenditure for the estate in 2019/20 is £3.678m.

The revenue budget available for the estate is £6.664m.

7.2 Capital Programme

The estates and finance teams prepare annual and five-year capital and revenue investment plans with the aim of producing an estate that will enable the provision of safe, secure, high quality buildings and an infrastructure capable of supporting current and future models of service delivery.

7.3 Cost Improvement Programme (CIP)

As described in section 3.2.2, the requirement for efficiencies in the early part of financial year 2020/21 is suspended. For the latter part of 2020/21, there is an expectation that financial balance will be achieved within a system wide envelope seeing a return to the usual financial disciplines.

The Trust must always demonstrate that it is giving optimum value in all areas of business. All NHS Trusts are subject to mandatory efficiency targets. As such, the aim will be to drive through efficiencies from the estates, to achieve reduction in running costs over the period 2018/19 – 2022/23. The key elements of this plan will be:

- Rationalisation
- Reduction in running costs
- Energy efficiency

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8. Delivery Plan

In order to deliver the 'Future Provision' detailed in Section 3 of this strategy, and taking into consideration the issues outlined in Sections 4 and 5, the delivery plan must be in place to enable successful implementation. Key parts of this plan are detailed in this section.

8.1 Design Considerations

The 'Design Considerations' for Ambulance Stations and Ambulance Deployment Points' document was approved by the Estates Rationalisation Project Board in December 2012. This document provides an outline specification for the planning and commissioning of new all NWAS ambulance stations and deployment points for use by all NWAS operational staff. However, since the approval there has been some significant changes brought upon us by the Covid-19 pandemic, this has given the Trust and other organisations some challenges to which they have had to respond.

The government has issued guidance, which continues to evolve, which has been reviewed and applied by the Trust and it will need to continue to do so. It is clear that guidance not only affects the way we design and build our premises but also change is required for all in the way we think and behave at work (the new normal), to adhere to the safeguarding of all staff and visitors to its premises.

The Trust has also embarked on a set of single standards that will be applied across all sites, this will see the Trust develop future schemes where all premises in terms of finishes, furniture, signage etc., will become the corporate brand for the Trust. Single standards will also facilitate application of social distancing and premises cleaning. Other new elements that will be incorporated in design are zero carbon standards for new buildings in the NHS, this is known as zero net energy (ZNE).

In December 2017 the first full hub and spoke premises serving the Wigan area was established and the new corporate site Estuary Point designed and fitted out in 2018. The lessons learnt from these two developments, along with the recent experience of operating in a Covid-19 environment, are to be reviewed and incorporated into the revised design document, the design document will also take into consideration any new emerging factors and will be reviewed on a regular basis.

8.2 Estates Oversight Forum (EOF) and Area Estates Groups

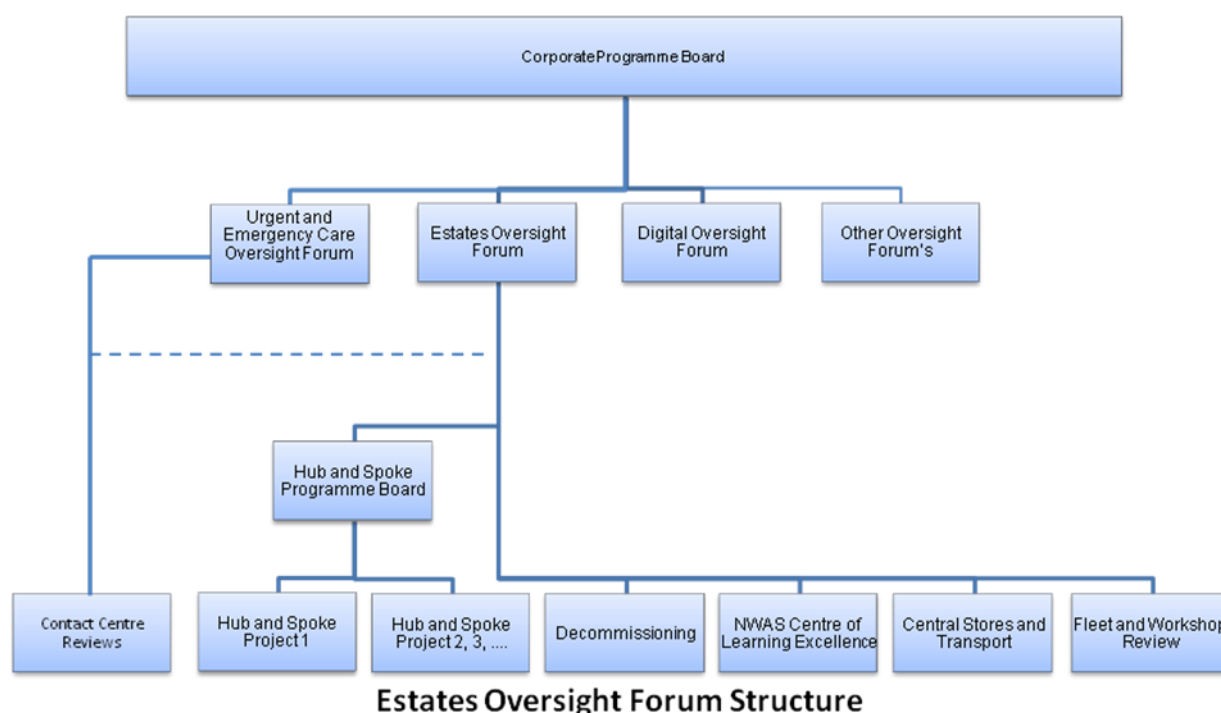
The EOF and Area Estates Groups provide the overarching structure for the governance and delivery of the strategy. These groups meet regularly and provide supportive mechanisms for the delivery of significant parts of the Estates Strategy. Their remit, functions and composition is detailed in the terms of reference document.

The Area Estates Groups provide scrutiny, advice and recommendations regarding proposals for the in-service operational estate within its area to support local operational needs. Output from the group will provide a key input to the following year's capital planning (section 7.2) and tactical changes in year works.

The EOF forms part of the Trusts Corporate Programme Board governance structure, (highlighted in the diagram below), and will undertake responsibilities for:

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- The EOF will oversee the delivery of the Estates Strategy and Hub and Spoke Strategic Implementation Plan by the ongoing development and delivery of projects and services that drive NWAS strategic direction.
- The EOF will develop a clear work plan for the forum which will outline clear deliverables and accountable owners and will ensure consistency, compatibility, co-ordination and sustainability between various projects and programmes.
- The EOF will provide monthly updates to the Corporate Programme Board which includes an overview of the delivery of the estates portfolio alongside escalation of any emerging risks and issues associated with the estates programme.
- The EOF will take assurance from relevant projects which will oversee the delivery of the programmes of work whilst managing the portfolio of the estates and fleet programme as a whole.



8.3 Annual Estates Plan and Five Year Estates Plan

In order to plan and monitor the progress of individual activities and projects the estates team produce a 5 year and an annual estates plan that will highlight estates schemes for the following financial year. This includes:

- The estates capital programme
- Estates strategic implementation programme (strategy)
- Planned maintenance programmes
- Areas of development for the estates team
- Full review of the risk register for the estate with an action plan for removal/management of significant risk(s)
- Tasks necessary to ensure legislative requirements are met
- Projects carried over from the previous year
-

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9. Stakeholder Engagement and Communications

The successful implementation of the Estates Strategy will be dependent on effective engagement with staff, staff side and external stakeholders in all elements of its development. In particular, involvement will be essential in the review of the existing estates and the vision and design of the future estates provision. This will ensure they are fit for purpose for delivering effective patient care and provide an appropriate working environment for staff.

The *'Future Focus: Right Care Right Time Right Place'* document, produced by the corporate communications department, outlines the hub and spoke configuration and explains how this model of service delivery links to serving communities and patients.

There is a Communications Plan in place for the estates strategic implementation projects and the plans will continue to be used and developed.

10. Equality Impact Assessment

The Trust will ensure that all premises and their grounds comply with relevant legislation. All new building specifications will have the potential to impact both staff and services with regards to equality. Therefore, there is a requirement to carry out a detailed Equality Impact Assessment; this will be carried out in consultation with the Deputy Director of People.

The Equality Impact Assessment for the Estate Strategy is at Appendix 6.

11. Conclusion

The previous Estates Strategy 2013-18 has been very successful in reducing the overall estate and footprints, increasing the efficiency of the estate, and delivering an overall younger estate. Since its inception, R1 and R2 has been replaced by ARP. Although there was a central thrust to move to hub and spoke the Trust has to date largely moved forward using opportunity as the main driver. During the lockdown initiated by the government in response to Covid-19, which occurred in March 2020, and between March and July 2020, the Trusts estate experienced a number of pressures and underwent a number of changes in response to the threat posed by the virus. There is a need to set out a long term plan in terms of the operational estates moving away from opportunistic driven developments of the past and incorporating the lessons learnt from the period of lockdown.

NHSi (Carter Report) focus is moving from acute to ambulance Trusts. For the number of sites we are about in the ball park with some of our peers, for example WMAS, SECAS. However, they have a significantly smaller footprint! This is because they have a few larger main sites (Hubs) and higher numbers of much smaller unmanned sites (spokes).

The outputs from the EMT estates strategy day workshop, 3rd November 2017 has provided input to inform the future Estates Strategy 2018-23 in terms of:

- Setting the direction and priorities of the estate to have fewer but larger operational sites (Appendix 3), hence having a planned strategic development rather than an opportunity driven one
- Identifying the benefits and challenges in delivering the above
- Setting the factors when prioritising and locating hubs and spokes

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- Identifying and learning from the key lessons learnt from other Trust when delivering the hub and spoke model

This Estates Strategy is intended to support the service delivery models, in some cases the most suitable service delivery model is the hub and spoke configuration. This document outlines the prime estates activities which are necessary for the delivery of the strategy and the enabling structures.

Key issues to be addressed, as identified in this document, are:

- Estates rationalisation and the strategic estate development
- Maintenance of the estate
- Compliance with legislation
- Application of prevailing government guidance with respect to Covid-19 and lessons learnt
- Improved energy management and carbon reduction
- Continuous monitoring of the performance of the estate

In order to ensure successful delivery of the strategy annual plans will be agreed prior to the commencement of the financial year and will reflect the resource assumptions for delivery of the business plans of the Trust, based upon agreed capital and revenue funding. Annual plans and risk assessments will be subject to an ongoing review of progress in order to ascertain necessary variations to the strategy because of changes in expected demand and internal and external environment.

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Appendix 1: Definitions of six facet survey criteria

- **Physical Condition** - The physical condition of all elements pertaining to the building stock of the Trust
- **Functional Suitability** - The appropriate provision of space, building fabric, services, amenities and equipment.
- **Space Utilisation** - The objective of the space utilisation survey is to assess whether the space available matches the needs of the service and its functional and future planned requirements. The exercise should identify surplus requirements as well as the need for expansion or space re-provision.
- **Quality** – This is a rating of the overall quality of the working environment. This takes into account factors such as overcrowding, lighting, heating, staff facilities, layout, and interior design.
- **Energy Performance** - To classify the overall energy efficiency of buildings indicating energy usage per unit volume – GJ/100 cubic metres.
- **Statutory Performance** - Compliance of premises with statutory requirements of Fire Safety Regulations, Environmental Protection Act, Health and Safety at Work Act, Waste Management Regulations and other Statutory Obligations.

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The following tables show a summary of the NWS estate infrastructure as of October 2020

Site	Area	Tenure	Physical Condition (External) (a)	Physical Condition (Office) (b)	Physical Condition (Garage) (c)	Functional Suitability	Space Utilisation	Quality	Energy Performance	Fire, Health & Safety Requirements	Backlog (2020)
Accrington	CLA	Freehold	C	B	C	C		C	C	B (C)	£394,550
Altham	CLA	Freehold	B	B (C)	B (C)	C		C	B	B (C)	£89,650
Altrincham	GMA	Freehold	B (C)	C	C	C		B	C	B (C)	£39,300
Ambleside	CLA	Freehold	C	B (C)	B (C)	C		B	C	B (C)	£64,050
Anfield	CMA	Freehold	B (C)	B (C)	B (C)	C	4	B ↓	C	B	£423,550
Anfield Finance Dept	CMA	Freehold	B (C)	C	n/a	n/a	1	B ↓	C	B	
Arrowe Park	CMA	Leased (on hospital site)	B	B (C)	B	C		C	B	B	£25,850
Ashton-under-Lyne	GMA	Freehold	B (C)	B (C)	B (C)	B		C	C	B (C)	£100,500
Audenshaw PTS	GMA	Leasehold	C	C	C	B		B	B	B	(see note)
Barnoldswick Ambulance / Police station	CLA	Lease with Lancs. Police	B	B	B	B		B	B	B	(see note)
Barrow-In-Furness : The Alfred Barrow Centre	CLA	Leasehold	A	A	A	A		A	A	A	(see note)
Bebington	CMA	Freehold	B	B (C)	B (C)	C		B ↓	C	B	£16,480
Birchwood Fire Station	CMA	Lease with Cheshire FRA	B	B	B	B		B	C	B (C)	(see note)
Billinge Hill Radio Mast	GMA	Freehold	B (C)	B (C)	B (C)						not surveyed
Birkenhead Community Fire & Ambulance Station	CMA	Lease with Merseyside FRA	B	B	B	B		A	A	A	(see note)
Blackburn	CLA	Freehold	C	B	C	B	4	B	C	B	£183,150
Blackpool	CLA	Freehold	C	B	B	C	4	B	B	B (C)	not surveyed (for re-development)
Blackrod	GMA	Freehold	C	B	B (C)	B		B	C	B	£183,900
Bolton Central Fire Station	GMA	Lease with Greater Manchester FRA	B	B	B	B		B	B	B	(see note)
Bolton North	GMA	Freehold	B	B (C)	B (C)	B		B	C	B (C)	£56,850
Bolton South (inc workshop)	GMA	Freehold	B	C	C	B		B	B*	B (C)	£152,100
Bootle	CMA	Long leasehold	B (C)	B	B	B		B ↑	B*	B (C)	£34,950
Bootle & Netherton Community Fire & Ambulance Station	CMA	Lease with Merseyside FRA	B	B	B	B		A	A	A	(see note)
Brough	CLA	Freehold	C	C	B	B		C	C	B (C)	£73,300
Broughton EOC	CLA	Freehold	B	B		B		A	B*	B	£571,750
Broughton House	CLA	Freehold	C	B (C)		B		B	C	B (C)	
Broughton PTS Control	CLA	Freehold	B (C)	B (C)		B		B	C	B	
Broughton AS	CLA	Freehold	B (C)	B	B	B		B	C	B	
Broughton PMO	CLA	Freehold	C	B		B		B	C	B	
Broughton Fleet	CLA	Freehold	C	B	B	B		C	B	B (C)	
Broughton Estates Office	CLA	Freehold							B		
Burnley AS	CLA	Long leasehold	A	A	A	A		A	A	A	not surveyed
Burscough	CLA	Freehold	B	B	B	B		B	B	B	£6,600
Bury AS & workshop	GMA	Freehold	B (C)	B	B	C		B	C	B (C)	£492,700
Capital Building 111 call centre	GMA	Leasehold	B	B	B	B		B	B	B	(see note)
Carlisle AS	CLA	Freehold	C	C	C	C	4	C	C	B (C)	£132,850
Central	GMA	Not registered	B	B	B	B	4	B	B*	B	£49,200
Central Store & Transport Logistics	CLA	Freehold	B	B	B	B		B	C	B	£60,550
Cheadle	GMA	Freehold	B (C)	B (C)	B (C)	C		B	C	B (C)	£109,200
Chester	CMA	Freehold	B	B	B (C)	B		B ↑	C	B	£68,350
Chorley	CLA	Freehold	B	B (C)	B (C)	B		B	B	C	£59,000
Clitheroe Ambulance Station/Community Hospital	CLA	Leasehold	B	B	B	B		B	B	B	(see note)
Congleton	CMA	Freehold	B (C)	B	B	B		B	C	B (C)	£81,750
Countess of Chester Mast Site	CMA	Freehold	B (C)	B (C)	n/a	A		B			not surveyed
Crewe	CMA	Freehold	B (C)	B	B (C)	B		B ↑	C	B (C)	£249,200
Crosby	CMA	Freehold	C	C	B	B		B ↓	C	B (C)	£101,175
Darwen Fire and Ambulance Station	CLA	Lease with Lancs. FRA	B (C)	B (C)	B (C)	B		B	B	B	(see note)
Distington	CLA	Freehold	C	B (C)	B (C)	B	4	B	B*	B	£87,750
Dukinfield	GMA	Freehold	B (C)	C	B (C)	C		B	C	C	£395,250
Eccles	GMA	Long leasehold	C	C	C	C		B	C	C	£92,225
Egremont	CLA	Long leasehold	B	C	B	B		B	B*	B	£46,400
Ellesmere Port	CMA	Freehold	B (C)	B	B	B		B ↑	B*	B	£189,300
Elm House - (CMA Area Hq)	CMA	Freehold	C	C	n/a	B	1	C ↓	C	B (C)	not surveyed (vacant)
Estuary Point	CMA	Long leasehold	B	B	n/a	A		A	B	A	£175,500
Fazakerley	CMA	Freehold	B	B	B	B		B ↑	B*	B	£18,850
Fleetwood	CLA	Freehold	C	B	C	C		B	C	C	£182,100
Flimby	CLA	Long leasehold	B	C	B (C)	B		C	B*	C	£24,900
Formby Community Fire & Ambulance Station	CMA	Lease with Merseyside FRA	B	B	B	B		A	A	A	(see note)
Glossop	GMA	Freehold	B (C)	C	B	B	1	C	C	B (C)	£197,300

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Site	Area	Tenure	Physical Condition (External) (a)	Physical Condition (Office) (b)	Physical Condition (Garage) (c)	Functional Suitability	Space Utilisation	Quality	Energy Performance	Fire, Health & Safety Requirements	Backlog (2020)
Grange-Over-Sands	CLA	Leasehold	B	B	C	B		B	B	B (C)	£10,250
HART Liverpool (Croxteth Fire Station)	CMA	Lease with Merseyside FRA	B (C)	B (C)	B (C)	B		B	C	B (C)	(see note)
HART Manchester	GMA	Long leasehold	B	B	B	A		B	B*	B	£60,800
Haydock Regional Logistics Centre	CMA	Leasehold	B	B	B	B		A	A	A	£79,500
Heswall	CMA	Freehold	B (C)	B	B	B		B	B	B (C)	£60,600
Heywood	GMA	Long leasehold	B (C)	B (C)	B (C)	C		C	C	C	£90,400
Huyton	CMA	Freehold	B (C)	B (C)	B (C)	C	4	C	C	B (C)	£94,100
Irlam Fire, Police and Ambulance Community Station	GMA	Lease with Greater Manchester FRA	B (C)	B (C)	B (C)	B		B	B	B	(see note)
Kendal	CLA	Freehold	C	B	B (C)	B	4	C	B	B	£75,200
Keswick	CLA	Freehold	C	B (C)	B (C)	B		B	C	C	£35,400
Kirkby	CMA	Freehold	B	B	B	B		B	B	B (C)	£23,250
Knutsford	CMA	Freehold	B (C)	B	B (C)	B		B	C	B (C)	£107,600
Ladybridge Hall Lodge	GMA	Freehold	B	B	B	B	4	B	C	B	£130,550
Ladybridge Main Hall	GMA	Freehold	B (C)	B	B (C)	C		B	C	B	£436,900
Lancaster PTS Site	CLA	Freehold	C	B	B	B		B	C	B (C)	£156,800
Lancaster Fire and Ambulance station	CLA	Lease with Lancs. FRA	B	B	B	B		B	B	B	(see note)
Leyland	CLA	Freehold	B (C)	B (C)	B (C)	C		B	B	B (C)	£18,850
Lillyhall Workshop	CLA	Leasehold	B	B	B (C)	B		B	B	B (C)	£6,220
Lytham	CLA	Freehold	C	B (C)	B (C)	C		B	C	B	£127,250
Macclesfield	CMA	Freehold	B (C)	B (C)	B (C)	B	4	B	C	B (C)	£427,450
Medicines Management Hub (Fulwood)	CLA	Leasehold	B	B	B	B		B	B	B	(see note)
Middleton	GMA	Freehold	B (C)	B (C)	B	B		B	C	B (C)	£37,950
Millom (Community Hospital)	CLA	Long leasehold	A	A	A	B		B	B	B (C)	(see note)
Milton Green	CMA	Lease (no formal agreement)	B	B	n/a	C		B	C	B	£125,150
Morecambe	CLA	Freehold	C	B	C	C		B	C	B	£101,500
Moreton	CMA	Freehold	B	B	B (C)	B		B	C	B (C)	£59,350
Newton Le Willows Community Fire & Ambulance Station	CMA	Lease with Merseyside FRA	B (C)	B	B	B		A	A	A	(see note)
Northwich	CMA	Freehold	B (C)	B	C	B		B	C	B (C)	£283,850
Old Swan	CMA	Freehold	B	B (C)	B	B		B	B	B	£36,750
Oldham	GMA	Long leasehold	B (C)	B (C)	B (C)	B		B	C	C	£285,550
Oldham PTS	GMA	Leasehold	B (C)	B (C)	B (C)	B		B	B	B	(see note)
Parkway	GMA	Lease with NHS Propco	B (C)	B (C)		B		B	B	B	(see note)
Penrith (Community Fire Station)	CLA	Lease with Cumbria CC	B	B	B	B	4	B	B	B	(see note)
Penrith	CLA	Freehold	C	C	C	B		C	C	B (C)	£132,000
Philips Park Community Fire Station	GMA	Lease with Greater Manchester FRA	B (C)	B (C)	B (C)	B		B	B	B	(see note)
Poynton Fire Station	CMA	Lease with Cheshire FRA	B (C)	B (C)	B (C)	B		B	C	B (C)	(see note)
Preston Fire and Ambulance Station	CLA	Lease with Lancs. FRA	B (C)	B (C)	B (C)	B		B	B	B	(see note)
Ramsbottom	GMA	Freehold	B (C)	B (C)	C	C		B	C	B	£90,100
Rochdale	GMA	Freehold	B (C)	B (C)	B (C)	B		B	C	B	£209,300
Rossendale Health Centre	CLA	Leasehold	B	B	B	B		B	B	B	(see note)
Runcorn	CMA	Freehold	B	B	B	B		B	B*	B	£245,300
Sale	GMA	Freehold	C	B	C	B		B	C	B	£146,500
Salford	GMA	Freehold	B (C)	B		C	4	C	C	B	£318,965
Salkeld Hall (Carlisle)	CLA	Freehold	C	C	B	A		B	B		£195,900
Sandbach	CMA	Freehold	B (C)	B (C)	B (C)	B		B	C	B (C)	£238,400
Sedbergh	CLA	Leasehold	B (C)	B (C)	C	C		B	B	B	£34,600
Sefton House (111 call centre)	GMA	Leasehold	B	B		B		B	B	B	(see note)
Sharston	GMA	Freehold	B (C)	B (C)	B (C)	B		B	C	B	£171,400
Skelmersdale	CLA	Freehold	B	B	B	B		B	C	B	£37,550
South Liverpool	CMA	Long leasehold	B	B	B	B		B	B	B (C)	£46,150
Southport Community Fire & Ambulance Station	CMA	Lease with Merseyside FRA	B	B	B	B		A	A	A	(see note)
St Helens	CMA	Freehold	B (C)	B	B (C)	C		B	B	B	£408,400
Stacksteads	CLA	Freehold	B (C)	B (C)	B (C)	B		B	B	B	£57,000
Stockport	GMA	Freehold	B (C)	C	C	C		C	C	B (C)	£219,700
Stretford Police station	GMA	Lease with GM Police	B (C)	B (C)	B (C)	B		B	C	B	(see note)
Stretford PTS	GMA	Leasehold	C	B (C)	B (C)	B		B	B	B	(see note)
Swinton	GMA	Freehold	C	B (C)	B (C)	B		B	C	B (C)	£98,100
Thornton	CLA	Freehold	C	B (C)	B	B		B	C	B (C)	£99,200
Toxteth	CMA	Freehold	B	B	B (C)	B	4	B	C	B (C)	£76,350
Ulverston	CLA	Freehold	B	B	B	C		B	C	B (C)	£138,500
Urmston	GMA	Freehold	B (C)	B	B	C		B	C	C	£82,100
Wallasey	CMA	Freehold	B (C)	B	B	B		B	B*	B	£179,000

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Site	Area	Tenure	Physical Condition (External) (a)	Physical Condition (Office) (b)	Physical Condition (Garage) (c)	Functional Suitability	Space Utilisation	Quality	Energy Performance	Fire, Health & Safety Requirements	Backlog (2020)
Walmer Bridge	CLA	Freehold	C	C	C	C		C	C	C	£87,000
Warrington	CMA	Freehold	B (C)	B	B (C)	B		B	B*	B (C)	£198,850
Wesham	CLA	Freehold	C	C	B (C)	B		B	C	C	£100,850
Westmoreland Ambulance Station	CLA	Leasehold	B (C)	B (C)	B (C)	B		B	B	B	(see note)
Whiston	CMA	Freehold	B (C)	B (C)	B (C)	B		C	C	B (C)	£115,000
Whitefield - Area Office / PTS Base	GMA	Freehold	B (C)	B	B	C	4	C	B	B	£332,350
Whitefield AS	GMA	Lease with Greater Manchester FRA	B (C)	B (C)	B (C)	B		B	B	B	(see note)
Widnes	CMA	Freehold	B (C)	B (C)	B	B	4	B	C	B (C)	£128,350
Wigan Community Fire & Ambulance Station	GMA	Lease with Greater Manchester FRA	B	B	B	B		B	B	B	(see note)
Wigan PTS	GMA	Leasehold	B (C)	B (C)	B (C)	B		B	B	B	(see note)
Wigton	CLA	Freehold	B	B (C)	B	B		B	C	B	£94,400
Wilmslow	CMA	Freehold	B	B	B	B		B	C	C	£126,300
Winery Lane The Centre	CLA	Freehold	B	B (C)	B (C)	B	4	B	B	B	£19,900
Winsford	CMA	Freehold	B (C)	B (C)	B	B		B	C	C	£202,550
Totals											£12,731,365
Note: Although not surveyed as part of this exercise leased site which may have a repair obligation included in the lease terms.											
KEY TO 6 FACET METHODOLOGY											
Physical Condition			Quality								
As new	A		A	High degree of satisfaction							
Sound and operationally safe showing only minor deterioration	B		B	Acceptable. No major change necessary							
Currently at B but will fall to C within 10 years	B (C)		C	Below an acceptable standard							
Operational but major repairs or replacement needed to bring up to B	C		D	unacceptable							
Operationally unsound and in imminent danger of failure	D		↓	Declining							
			↑	Improved							
Functional Suitability			Space Utilisation								
Satisfactory	A		1	Empty							
Acceptable / Reasonable. No Major change necessary	B			Underused							
Below an acceptable standard	C			Adequate							
Unacceptable in it's present condition	D		4	Overcrowded							
Fire, Health & Safety requirements			Energy Performance								
Complies with current Fire and Health & Safety Legislation	A		A	Fully compliant with current legislation							
Fully complies with current Fire and Health & Safety Legislation with minor (none serious) deviations	B		B	Acceptable. No major change necessary							
Currently at B but will fall to C within 10 years as a consequence of lack of investment or impending legislative changes	B (C)			Below an acceptable standard							
Contravention of current Fire and Health & Safety Legislation which requires remediation	C		C	unacceptable performance							
Dangerously below conditions A and B	D		D								
			*	Site has received CEF funding							

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Appendix 2: NWS Emergency Service Resource Deployment Strategic Outline (from Service Modernisation Partnership Group)

NORTH WEST AMBULANCE SERVICE NHS TRUST EMERGENCY SERVICE RESOURCE DEPLOYMENT STRATEGIC OUTLINE

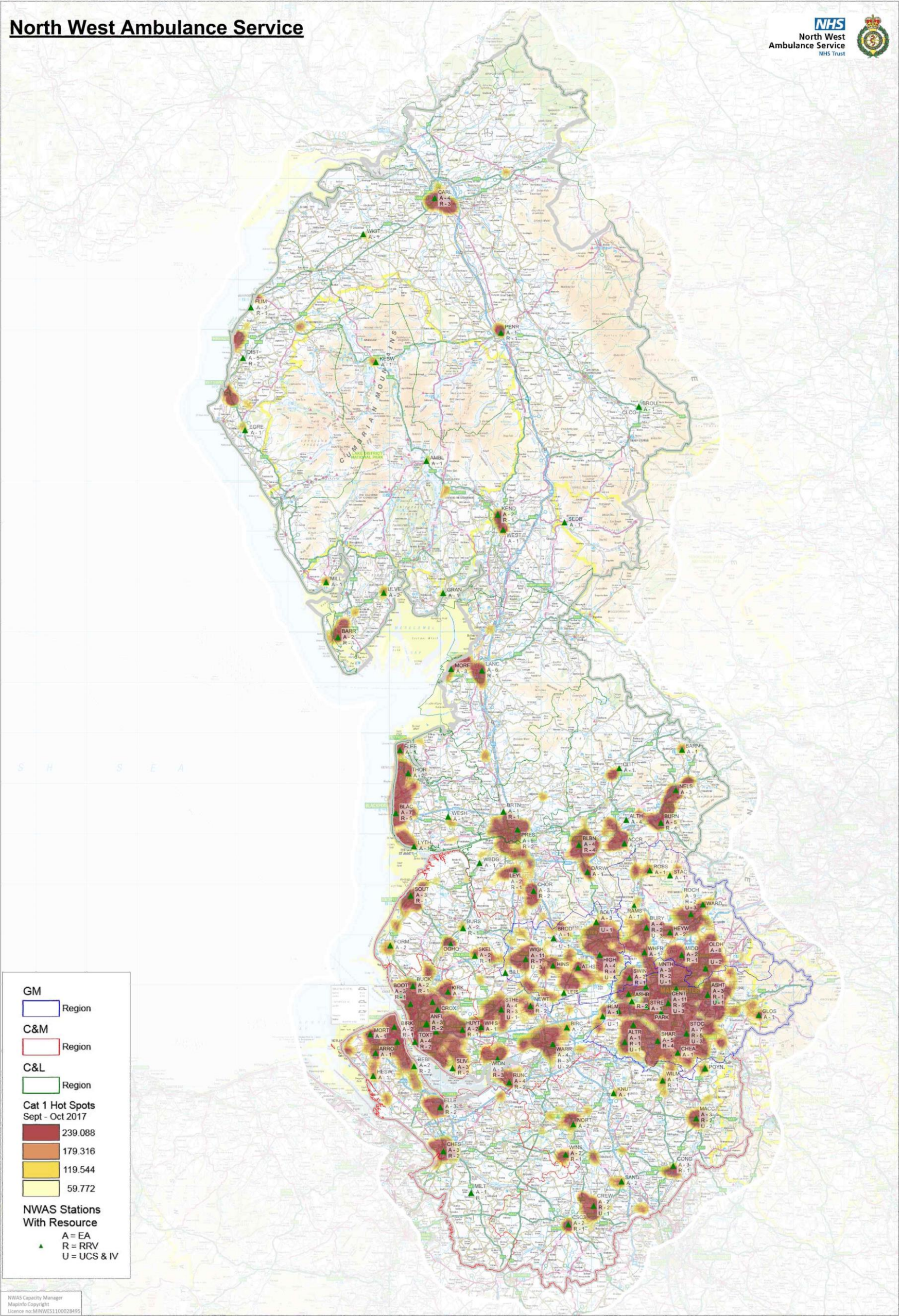
This document is designed to assist in the development and implementation of a North West Ambulance NHS Trust (NWS) estates strategy relating to the emergency service and therefore provides an outline of how the mobile resources (Ambulances, Rapid Response Vehicles, etc) can be tactically positioned to ensure the optimum clinical response to those requiring a response is achieved.

The Trust has more than one hundred ambulance station sites scattered across its five counties. These locations have in most cases been in the same locations for many years, one or two since the late nineteenth century.

The principles below will determine the physical estate positioning:

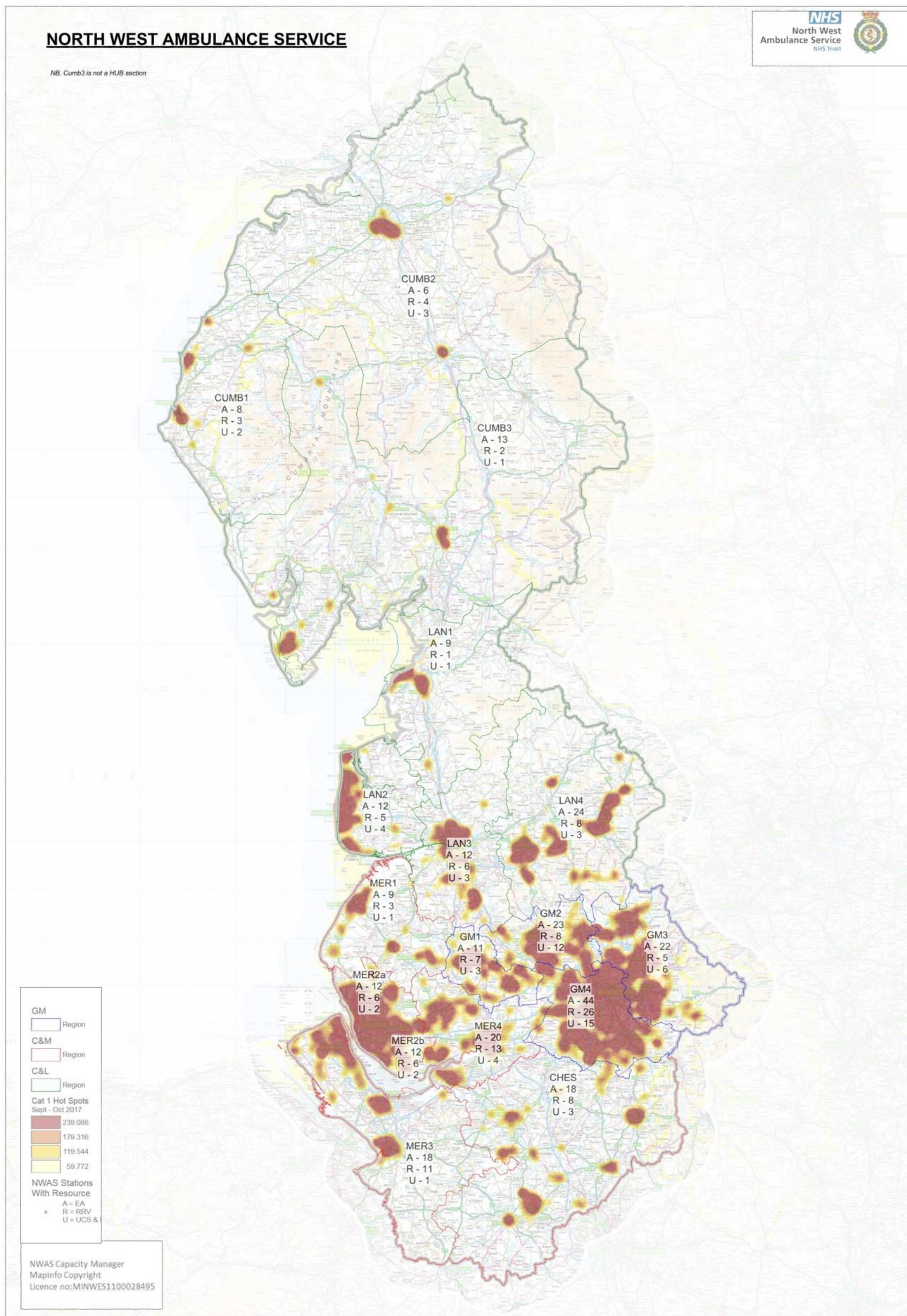
- The positioning of the resources should be determined from a regional 999 demand analysis, disregarding county borders.
- The resources will be deployed utilising a dynamic deployment model with resources positioned within a number of plan areas across the Trust.
- The building profile will be of the hub and spoke system.
- The hubs, set around a common specification, will be the 'home' of the resource in that area and will be the place where staff start and end their tour of duty.
- The hubs will be the location of make ready systems and contain all the facilities for the staff based at that site including training rooms, etc.
- Resources will decant from the hubs to the deployment locations as determined by the dynamic deployment system.
- The spokes have at their end either a social deployment point or a simple deployment point (stand-by location); again both would be set around a common specification.
- The view is that a hub will in most cases be an Ambulance Service only location whereby the spokes could be a shared/joint premises or a small Ambulance Service only location.

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Appendix 3b: Hub & Spoke Groupings retain Wigan Hub



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Appendix 4: Outputs 2-4, from the EMT Workshop held 3rd November 2017

OUTPUT 2 - what factors determine our priorities in developing this hub and spoke model?

Determinant Factors:

- Improving Performance – ARP/PTS
- Improve Quality
- Improved IPC
- Improved Meds Management
- Improved Safety
- Age of Estate/Physical Suitability
- Current Lease Agreements (Breaks/Duration)
- Financial Efficiencies
- Stock levels (Make Ready)
- Reduced Vehicle levels
- Fuel (travel costs/bunkered fuel costs)
- Meal breaks
- Saleability of sites
- Backlog Maintenance
- Stakeholders views/Priorities
- STP's
- CCFS
- Local Authorities
- Distance travelled
- Does it support Make Ready?
- 'Soft' tasters
- Training
- Contact time
- Working environment.

OUTPUT 3 – what benefits and challenges are there in moving to the hub and spoke model?

Benefits identified were:

- Performance (assuming operational systems/practices are adapted to full H&S model)
- Financial
- Reduced overheads/running costs
- Capital receipts (contributing to fund a programme of major development)
- Increased efficiency
- Possible reduction in fleet pool size?
- Reduction of backlog maintenance burden
- Facilitates make ready and the benefits (operational and quality) arising from that
- Better staff facilities
- Improved training/education
- Benefits of co-location with NHS/blue light partners
- Quality assurance
- CQC compliance
- Stock control

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- Improved management-staff visibility in both directions

Challenges identified were:

- Identifying and sourcing spokes
- Making sure we use them (“Golden spokes” to make them attractive to staff)
- Hub and spoke will only reap true benefits if we exploit the use of the spokes
- Required operational changes
- Aligning staff T’s and C’s inc.
- Shift patterns and meal break management
- Staff engagement
- Geographical moves not always welcome/possible/resistance to change
- Capital cost of implementation!
- Make ready has to be self-funding
- Change management (needs holistic approach to this as more than just an estates project)
- Political/devolution (radical estates plans will be met with resistance due to the perceived threat to service delivery)
- Other NHS influences (e.g. hospital closures/reconfigurations)
- Not all areas lend themselves to the model
- Internal cultural challenges (e.g. breaking down area borders etc.)
- BCM – risk associated with putting all eggs in one basket at a hub.

OUTPUT 4 - what criteria are important when considering locations for hub and spoke stations?

Criteria determined for a Hub:

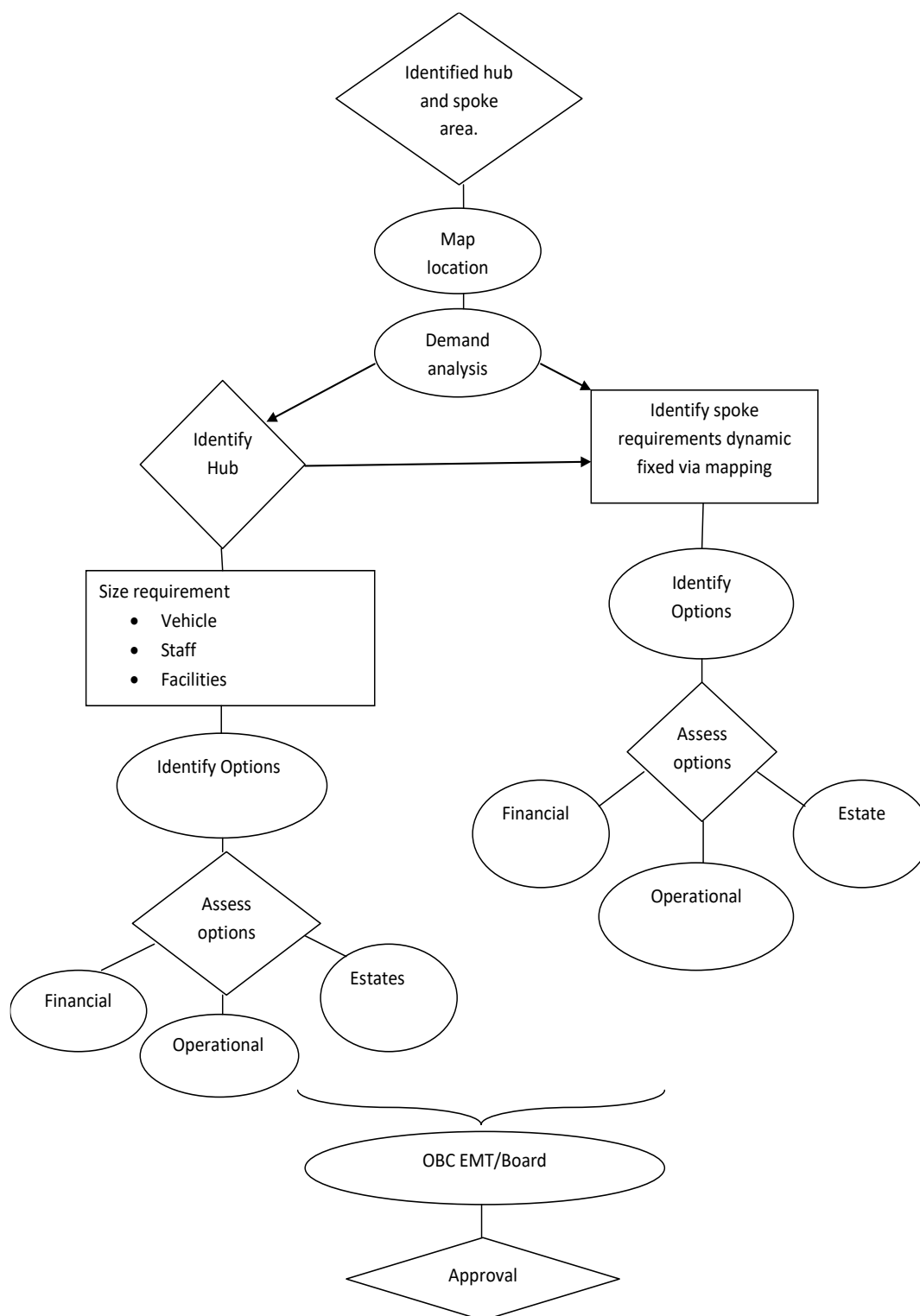
- Fits with the NWAS vision and values
- Viable road network
- Improves staff health & wellbeing
- Stakeholder Engagement: community/OSCs/MPs etc./staff/patients
- Financial Envelope
- Demography & Geography
- Operational Demand
- Relationship with Spokes
- Green Agenda: Access for staff and visitors– public transport/parking – vehicles, cycles/sustainability
- Make Ready
- Patient flow: ED/Specialist Centres/UC
- Security
- Resilient IT infrastructure
- Recruitment
- Flagpole & maintain NWAS Identity

Criteria determined for a Spoke:

- Location – proximity to Hub, demand and access
- Collaboration –Blue Light/Local Authority/NHS/Other
- Site availability
- IT infrastructure
- Security/safety
- Maintain NWAS identity.

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Appendix 5: Hub & Spoke Programme Flow Chart



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Appendix 6: Equality Impact Assessment

Name of strategy, Service or Function

Estate Strategy– NWAS

Equality Impact Assessment carried out by (include name and job title):

Neil Maher – Assistant Director of Estates and Fleet

Date of Equality Impact Assessment

15.10.2020

Step 1: Description and Aims of Policy, Service or Function

Overall aims

To define and explain the Strategy for the Trust Estates function over the five year period from 2018 to 2023

Key elements of policy, service, process

The strategy is written for the Estates department and Trust to be systematic in its approach in the control of the quality and development of the Estate.

Who does the policy, service or function affect?

All Trust staff

Visitors

Contractors

How do you intend to implement the policy or service change (if applicable)

The strategy requires approval by the ELC and Board of Directors. It will be made available by intranet for all internal staff, contractors and public. The Strategy will be reviewed and amended to take into account any future service developments.

Step 2: Data Gathering

Summary of data available and considered

All data and informatics has been gathered from existing Estate records

Outcomes of data analysis

Equality Group

Evidence of Impact

Gender

Inappropriate gender mix facilities reflection of organisation of mid 20th century.

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Race/Ethnicity	None
Disability	The strategy is a written document and there may be an impact on those with visual impairments or those with conditions such as dyslexia. With regards to the estate and disability: <ul style="list-style-type: none"> • We will eliminate unlawful discrimination. • Advance equality of opportunity. • Foster good relations when exercising their functions.
Sexual Orientation	None
Religion or belief	None
Age	None
General (Human Rights)	None

Step 3: Consultation

Please note you may want to return to this section following Steps 4 & 5

Summary of consultation methods

Internal E+D Coordinator

Estates Managers

Health and safety Practitioners and Managers.

Operations.

Outcomes of consultation

Equality Group	Evidence of Impact
Gender	Part of capital programme gender mix will be addressed to reflect mix of organisation.
Race/Ethnicity	None
Disability	The policy is a written document and there may be an impact on those with visual impairments or those with conditions such as dyslexia. This document will be available in alternative formats upon request by contacting the Estates Department. Amend the estate managers planning check list used to develop new builds, upgrades and extensions to incorporate DDA, thereby capital programmes will check and adjust DDA facilities as they develop.
Sexual Orientation	None

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Religion or belief None

Age None

General (Human Rights) None

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